MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CEDTIFICATE OF DEATH

	600000			CENTIFIC	ALL OF DEATH	1		0.0	0000				
	CEASED-NAME First		Middle		Last	2a.	DATE OF DEATH		2b. HOUR				
(1	ype ar print) Dom	inic		В	aratta		Month Do		6:10#				
3. SE	X	4. RACE			S. DATE OF BIRTH		6. AGE (In years	IF UNDER 1 YEAR	IF UNDER 24 HRS.				
	Male	WI	nite		5-3-	94	last birthday) 74 YRS.	Point Ma Reprovince Intervince Intervince Intervince Interview Int	HOURS MIN.				
o. I	SIRTHPLACE (Stote or foreign	7b. CITIZEN OF WE	AT COUNTRY?	8. MARRIED	NEVER MARRIED	9. CO	UNTY OF DEATH						
cour	try) Italy	U.S.	Α.	WIDOWED		(Cecil		Md				
10. (ITY OR TOWN OF DEATH		AME OF HOSPITAL OR INS			SUAL OCC	UPATION (Kind of work done		BUSINESS OR				
	Perry Point	give	H Perry P	oint .M	d. during	most of	working life, even if retired.)	INDUSTRY					
	USUAL RESIDENCE (Where deceos	ed lived, if institut		13c. CITY OR	TOWN 13d. INSIDE CIT		13e. STREET AND NUMBER						
dm	ssion) New Jersey	13b. COUNTY		E. P	atterson	NO 🗌	286 Boulev	ard St.					
4. 1	ATHER'S NAME First	Middle	Lost		MOTHER'S MAIDEN NAME		Middle		Lost				
	Bats	У	Barat	ta	Fi.	lomer	na	Battin	elli				
160.	WAS DECEASED EVER IN U.S. ARM	MED FORCES?	16b. SOCIAL SECURITY I	NO. 17. I	NFORMANT		Address	27012					
Y		var ar dates of service)	151 03 8	690	VA Hospital	reco	ords Perry P	oint. N	ld.				
	1B. CAUSE OF DEATH (Enter on		ne for (a), (b), and (c).)				APPRO) BETWEEN					
					Thrombosis	proba	ably secondary						
	4109						riosclerosis		second				
	Canditians, if any, which gave		TO THE STATE OF	00 0									
	rise to immediate couse (a), stating the underlying couse(DUE TO, OR	AS A CONSEQUENCE OF										
	last.	(c)			1952440								
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Diabetes Mellitus												
z	4201												
CERTIFICATION	19a. DATE OF OPERATION 19b.	CONDITION FOR WH	ICH OPERATION WAS PE	RFORMED	20a. AUTOPSY?		YES, WERE FINDINGS CONSIDERED IN CERTIFYING						
TIFIC					YES NO	X	CAUSES OF DEATH?						
E	21a. ACCIDENT WAS UNDERLYIN				OW INJURY OCCURRED (E	nter natur	re of injury in Port 1 or Port 2,	Item 18.)					
OICAI	OR CONTRIBUTING CAUSE OF DEA' (If either, notify medical exami	HOUR A.M. P.M.	Manth Day Year										
MED	21d. INJURY OCCURRED 21e.	PLACE OF INJURY	AT HOME, FARM, STREET, FAI	TORY.) 21f. LO	OCATION Street or R.F.D.	Na.	City or Town	County	State				
	at work at work												
	22a certify that (X (this haspital) attended the deceased fram Sept. 28, 19, 67, ta June 7, 19, 68, XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX												
	Scosocidies discosos stricts	WE WINCOM	XXXXXXXXX	Acrese, an	d that in (my) (aur) a	apinian	death accurred an the d	ate and haur	and fram the				
	causes stated abave	e, (1) (we) (ala)	(ala nat) view the	bady after	gearn.		22,	DATE SIGNED					
	22b. SLONATURE	0 8		1 bes	ATTENDING PHYS.	MED. DIRECTO	OR PHYS.						
	22d. PHYSICIAN'S	1-6	les cere		22e. ADDRESS	DIKECIO	OK - PRITS.	7 0 00					
	114 44P 4W 1	CHAEL ER	ESHEVICH,	M.D.		spit	al, Perry Poin	nt, Md.					
36		DATE / /	23c. NAME OF				LOCATION (City or Town)		/6tate)				
(DEMOVAL (Specify)	6/8/60		enn	(1.0.	res	alles	7)	7				
24.	EUNERAD DIRECTOR	1/2/	1 ADDRESS		2Sa. RECY		ISTRAR 2Sb. REGISTRAR	SIGNATURE	0				
1	7	- Like	1/2		M all	IIIN		corres)	mage.				

TO FUNERAL DIRECTOR: After this certificate hos been signed by the attending physicion and completely filled in by the Tuneral director, page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 4 and 2 should be filed with the State Dept. of Health prior to burial, cremation, ar removal, and in any event, within 72 hours after death. VR A15 (4) 30M REV. 1/68

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hour Page 4 may be retained by the hospital or ottending physician.

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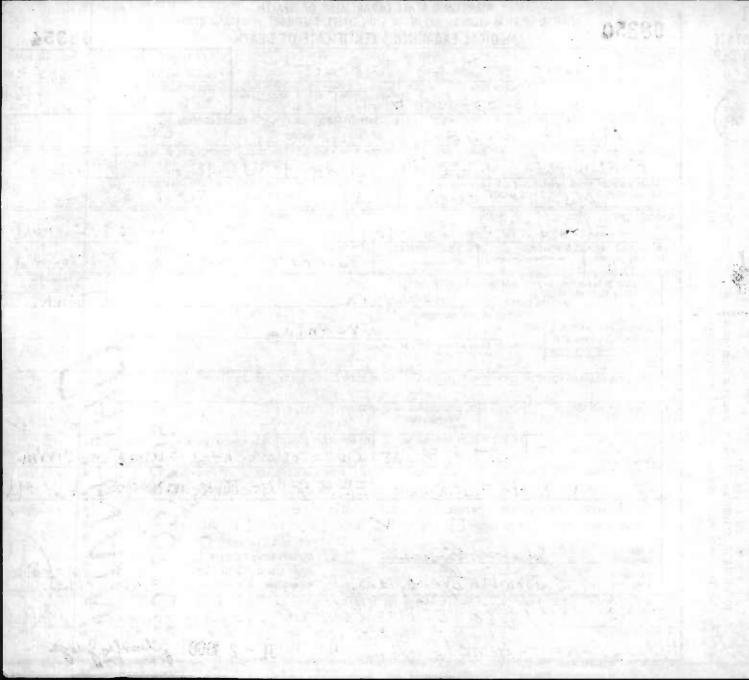
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1		MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	08354
HEALTH DEPT.	1, D	ECEASED-NAME First Middle Lost 20 DATE KNOWN Month Do OF ESTI-	
delay is and 3 ta M3. Page treent af	3. SI	DEATH MAILED & 3	Year 2d HOUR
2, Pr	7a.	BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	1968 - PI
haurs after death tem 18. Give Pages 1, Office along with farm and 2 with the State De after death.		TITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 120. USUAL OCCUPATION (Kind of work done 12b)	b. KIND OF BUSINESS OR
ter death Give Page Ing with f Ith the Stat Th.	130	E) Kton Md. give street address) Union for p during most of working life, even if retired.) INC USUAL RESIDENCE (Where deceosed lived, if institution: Residence, before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER	oustry school
rs after 18. Giv ce alang 12 with death.	a	dmission) STATE Md. 13b. COUNTY (eccl Elaton YES NO D ROLL, Box	0348
	14. F	Edward Huey Barrett 15. MOTHER'S MAIDEN NAME First Middle Frances	Nowland
within 24 partl in xaminels ile pages 72 hours	16a. (Y	WAS DECEASED EVER IN U.S. ARMED FORCES? (es, na, acupiknown) (If yes give war or dates of service) (16b. SOCIAL SECURITY NO. 17. INFORMANT Edward H. Barrett (tabher) E) boton, Md
D. E		18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), ond (c), PART I. DEATH WAS CAUSED BY:	APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH
X P M d t		9/0 DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove	Unk,
shauld be e te ward "per a the Chief I burial-transit		rise to immediate couse (a), stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
ate sho ag the w ed ta th a buri		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
	N	9298	
his certificate slate, writing the e farwarded to be used as a bu remaval, and ii	CERTIFICATION	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY? YES NO I
Th ffica I be Id b	MEDICAL CERT	21a. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING 21b. TIME OF INJURY Manth, Day, Year PRIMARY OR CONTRIBUTING 4-30 1968 19	18.)
AMINER: e the certi e 4 shaulc aur files. age 3 shau crematian,	MED		County Stote
2 2 2 2	8	22a. I certify that I taak charge af the remains described abave, held an Autopsy, Inspection, Inquiry,	
ase ase the total total		death resulted fram: Naturol causes , Accident , Suicide , Hamicide , Undetermined manner	
ssary, ple funeral di ay be ret INERAL D		ACTUAL SIGNATURE	NED -30-68
O DEPUTY necessary, the funera 5 may be O FUNERA Health pr		NAME (Type) John Mc Byers, M.D. ADDRESS(Street, city, town, or county) Elkion	
TO DEPU necessor the fune 5 may b TO FUNER Health	1	3 MAN 1990 7/3/68 ELATON CEMETERY ELLITON, COCI	ounty) (Stote)
VR A15ME 10	P/	FUNERAL DIRECTOR PPINFUNEMA HOME LASTINE MA DATITION 250. REGISTRAR 250. REGISTRAR'S SIGN PPINFUNEMA HOME LASTINE MA DATITION 2 1968 PCharles	NATURE Judge
	_		77 11



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

08355

uneral Tand 2 deoth. and in any event, within 72 hours offer death. TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician ond completely filled in by director, page 3 should be detached for use as the burial-transit permit. Then deose tempore carbon papers. Penould be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hou Page 4 may be retained by the hospital or ottending physicion.

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		Ype or print)	. 1	Middle		60 KS.	2a. DATE OF	Month / Doy	Year	2b. HOUR			
		Clo	iude	<u>C.</u>	10		6	(/	68	7:10PM			
	3. SE		4. RACE			TE OF BIRTH	٥٥٢	6. AGE (In years last birthday)	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN			
		Male		hite	Ju	ly 28,1		/Z YRS.					
	7o. E	BIRTHPLACE (State or foreign Delaware	7b. CITIZEN OF WHAT USA.		MARRIED NE	/ER MARRIED DIVORCED	9. COUNTY OF	e death cil		Md			
61		ITY OR TOWN OF DEATH Elkton	give stree	of Hospital OR INSTITUTE (Con Hospital Hospital)	ital	during	mast of warking	(Kind of work dane life, even if retired.)	12b. KIND OF INDUSTRY	BUSINESS OR			
46	13o. odmi	USUAL RESIDENCE (Where deceos ission) STATE Delaware	and throad the transfer at any	Residence before 13	c CITY OR TOWN	3.5	1401 5	reet and number ewark RD#	1				
3	14. F	ATHER'S NAME First	Middle	Lost	IS. MOT	IER'S MAIDEN NAME	First	Middle		Last			
		Willi	am C.Bro	oks		Mary E	.Johns	on					
	16a. Y	was deceased ever IN U.S. ARN es, no, or unknown) (If yes give w Yes		b. SOCIAL SECURITY NO. 121-26-69	82 Mr		beth M	Address Brooks G	lasgo	J.Del.			
9(1B. CAUSE OF DEATH (Enter on	ly ane cause per line f	far (o), (b), and (c).)		4		1		MATE INTERVAL INSET AND DEATH			
223		PART 1. DEATH WAS CAUSED) BY:	AN Guera	, 5	mall	bowe		20	ays			
		Conditions, if any, which gave) IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) CONDITION CONTINUE TO THE SECULATION OF A CONSEQUENCE OF THE SECULATION OF A CONSEQUENCE OF THE SECULATION O											
		rise to immediate cause (o), stating the underlying couse last. (c) The property of the course of t											
1	CERTIFICATION	PART 2. OTHER SIGNIFICANT CON	CONDITIONS CONTRIBUTION CONDITION FOR WHICH	OPERATION WAS PERFO		G. AUTOPSY?	20b. II	N IN PART 1(0) F YES, WERE FINDINGS CO S OF DEATH?	ONSIDERED IN C	ERTIFYING			
7	MEDICAL CERT	210. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF DEAT (If either, notify medical examin	IG 21b. TIME OF IN		21c. HOW INJ			ry in Port 1 or Port 2, I	tem 1B.)				
	ME		PLACE OF INJURY (AT OFF		(-) 21f. LOCATIO	Street or R.F.D. N	lo. City	or Town	County	State			
		22a. I certify that (I) (the saw the deceased a causes stated abave	live an	(2//19	6 % and tho	in (my) (our) o	68, ta_ pinian death	accurred on the da	68, that te and haur	(I) (we) last and fram the			
°da	1	226 STGNATURE	Ju	chin		ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS. 22c. I	DATE/SIGNED /	68			
1		22d PHYSICIAN'S NAME (Type)	ha A.	Fische		2e. ADDRESS	ETON,	md					
	230.	BURIAL, CREMATION, 23b. 16/	DATE 20/68	23c. NAME OF CEN Grace		TORY em.Park		ON (City or Town) arnhurst	(County) N.C.	(State) Del			
4] /68	24.	FUNERAL DIRECTOR	o Pau	ADDRESS (Mario		JUN 20	25b. REGISTRAR'S	SIGNATURE	noge			

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MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

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5			PLACE OF DEATH					2. USUAL RESIDENCE (V	here deceosed			e before odmis	sion)
1	1	,	o. COUNTY	CECIL-		MAR	YLAND	o. STATE Mad	,	b. COU	CE	11/4	
ges	κ.		. CITY OR TOWN	(If outside corporate limits, and give nearest town)	С.	LENGTH OF STAY	IN 16"	c. CITY OR TOWN (If au	side corporate li	mits, write RU	RAL ond give	nearest town)	
by the Pages			WITTE KOKAL OF	d give necresi town	KTON	53 yr	s.	E	LKTON	1.			
in ers. 2 h		(. NAME OF HOSPI	TAL OR INSTITUTION (If not	in hospitol, give s	treet oddress)		d. STREET ADDRESS		0		e. IS RE	SIDENCE FARM?
n and completely filled in by the remove around the complete of the complete. Page din complete, within 72 haurs at	00			RFD#4	Box	53		RED	#4.	SOX	53	YES	NO Z
with f	67		NAME OF DECEASED	Firs	P	Middle	1	Lost	4. DATE OF	Mon	th	Doy	/ear
in the		(Type or print)	KOBERT		(lex/)	X CHI	EVREUIL	DEATH	30	/		68
979	- 1	S. S	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIE		. DATE OF BIRTH		GE (In years est birthday)	Months	Doys Hours	ER 24 HRS.
\$ 2 2			M	W,	WIDOWED	DIVORCE	D 🔲	4/20/03.	6	57 Yrs.			
ician an				N (Give kind of work done	10b. KIND O	F BUSINESS OR		11. BIRTHPLACE (County	Stote, or foreig	n country)		IZEN OF WHAT JNTRY?	
cian				Salasman	Del	Leagle	yed.	1-1	unce			die	5
hys.		13.	FATHER'S NAME			10		14. MOTHER'S MAIDEN N					
The The				ri Chevreu				Unknow	1			,	•
attending physician permit. Then please an, ar remayal, and i		15. (Ye	WAS DECEASED EV (s, no, or unknown	ER IN U.S. ARMED FORCES? (If yes give wor or dotes of		AL SECURITY NO.	17. IF	FORMANT		Addr	ess Elkt	on, M	ld.
attendi permit.			No					120.1	ELLI	= CHI	= VRI	FUN-	4
			18. CAUSE OF E	DEATH (Enter only one couse ATH WAS CAUSED BY:	e per line for (o),	(b), and (c).)		. ,	_			ONSET AND	
cian. d by the -transit			11100	IMMEDIATE CAUSE (c		17400	CAR	DIAL	NE	4RCZ	ION	157	may ?
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physici physici signed burial-t			rise to immedia	te couse (o),	(b)	CHITE	COPE	ONARY	Oce	4451	ON	10%	سرويه لمحا
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atte has se c	0	NO	43	TONIFICANT CONDITIONS CO	NIKIBUTING TO DE	AIR BUT NOT KE	A TO	TE TERMINAL DISEASE CON	e L	TAKT TO		19: WAS AT PERFOR	MED?
al ar at icate ho far use Health	1	FIGI	200 ACCIDENT W	AS UNDERLYING	201 DESCRIB	E HOW INTIDY O	OCCUPPED (Enter nature of injury in F	Oct Lor Port II	of item 18 \		1152	NO A
		CERTIFICATIO	OR CONTRIBUTING	G 🗆 CAUSE OF DEATH	200. DESCRIB	DE HOW INJURY O	CCORRED. (tillet lidiole at injory in r	OIL I OI POIL II	or nem 10.)			
e haspil his certi stached Dept. al				Y MEDICAL EXAMINER) JURY Month, Doy, Yeor	20d INIIIP	OCCURRED	20a PIAC	E OF INJURY (Home, form	20f. (C	ity or town)	(Cou	ntv)	(Stote)
this deto		MEDICAL	Hour o	.m.	While	Not While		ry, street, office bldg., etc.)	201. (6	11 01 1011117	(600	17	(51010)
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sha Tair			22o. SIGNATURI		00	1						TE SIGNED	
be re		3		1/1- +	1 / line	The same	M.D	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	16/	10/18	,
			22c. PHYSICIAN			,	113	22d. ADDRESS	-		1	1	
F			МАМЕ (Түр	PETER.	STAVRA	DKIS 1	4.0	1	ZLKI	ON	1401		
Page 4 r O FUNER director,	0	230	BURIAL, CREMAT	64		3c. NAME OF CEM	NETERY OR C	REMATORY	23d. LOCAT	ION (City or To	wn) -	(County)	(Stote)
2 0 5 A	M.		REMOVAL (Specific Burial		8 G	ilpin I	Manor	Memorial	Park	Elkt	on, 1	Md.	1000
VR A15 (4)	W	24	. FUNERAL DIRECT	266. E. X	Jucks.	ADDRESS			BY REGISTRAR		GISTRAR'S SI		
20 44 1 /44	ч /		TTTT	THE WAY TO THE	TITAZANO	O H' 1 21	COB	MG NATE II	IN I IN	TULLU	111 8 100	4/10 II	A 16

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08353 CERTIFICATE OF DEATH DECEASED-NAME Middle Last First 2g. DATE OF DEATH hours after death by the funeral Pages 1 and (Type or print) Month George Clark June 6. AGE (In years 3. SEX 4 RACE S. DATE OF BIRTH last birthday) Male White 9-18-93 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8. MARRIED [X] NEVER MARRIED U.S.A. Maryland WIDOWED [DIVORCED | Cecil 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done requires that the death certificate be executed within give street address)
VAH Perry during mast of warking life, even if retired.)
Salesman Perryville Point, Md. 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c CITY OR TOWN 13d, INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE Maryland 13b. COUNTY 7600 Fontaine Bleau Drive. YES X NO [Carrollton 15. MOTHER'S MAIDEN NAME First 14. FATHER'S NAME First Middle Last Middle George Clark Elizabeth please 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Yes, na, ar unknawn) 212-03-0993 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Bronchopneumonia, bilateral 6 crematian, DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Canditions, if ony, which gave (h) Arteriosclerotic heart disease rise ta immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause (c) Arteriosclerosis, generalized PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) has been the Diabetes mellitus 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 19a. DATE OF OPERATION 20a. AUTOPSY? OS CAUSES OF DEATH? YES TO NO F 21o. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY far OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical exominer) P.M detached 21d. INJURY OCCURRED (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21e. PLACE OF INJURY City or Town While Nat while at work O FUNERAL DIRECTOR: After retained 0 causes stated abave, (1) (we) (did) (did nat) view the bady after death. 225 SIGNATURE

Address VA Hospital Records Perry Point. Md. BETWEEN ONSET AND DEATH 5-10 days 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) County State 22a. I certify that (t) (this haspital) attended the deceased from Sept. 15, 1967, to June 2, 1968 attentity was last 22c. DATE SIGNED ATTENDING MED. DIRECTOR STAFF PHYS. 6-3-68 22e. ADDRESS VAH, Perry Point, Md. 22d. PHYSICIAN'S NAME (Type) L. MOONEY, M.D. 230 BURIAL CREMATION 23b. DATE 235 NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) REMOVAL (Specify) Munners 250. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR 2Sb. REGISTRAR'S SIGNATURE Funeral Home, Havre de Grace, 1968

08357

12b. KIND OF BUSINESS OR

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IF UNDER 1 YEAR

INDUSTRY

2b. HOUR

HOURS

VR A15 (4) 30M REV. 1/68

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A c. w y y to the contract of the contract of

Joseph Greek Bone Library Balver is Greek, july 1958

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TO FUNERAL DIRECTOR: After this certificate hos been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and should be filed with the State Dept. of Health prior to burial, cremation, or removal, and many event, within 72 hours after death.

VR A13 44 30M REV. 1 68

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

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		-	-	-

			CI	PEC III I	CAIL OI	DLAIII						
1. DECEASED-N			Middle		Lost		2a. DATE				2b. H	IOUR
(Type ar pri	Ral:	ph	Frankl	in	Cullum			Month June	Day	196	89:49	5P M
3. SEX		4. RACE			S. DATE OF B	IRTH		6. AGE (In years		F UNDER 1 YEAR	IF UNDER	24 HRS.
Ma.	le	Whit	ce		8-10	0-07		lost birthday)	YRS.	ONTHS CIAYS	HOURS	MIN.
	E (Stote or foreign	7b. CITIZEN OF WI	HAT COUNTRY?	B. MARRIED	☐ NEVER MA	RRIED	9. COUNTY C	OF DEATH				
country) Mary	yland	USA		WIDOWED		RCED 🗌	Ceci	11				Md
10. CITY OR TO	OWN OF DEATH		AME OF HOSPITAL OR INSTI	TUTION (If	not in hospitol			N (Kind of work d		12b. KIND OF INDUSTRY	BUSINESS	OR
	ry Point	1	street address) VAH Perry Po	oint,	Md.	auring m	lechani	ig life, even if retire LC, auto.	ea.j	Auto.		
13a. USUAL RE	SIDENCE (Where decea	sed lived, if institut	tion: Residence before	13c. CITY O	R TOWN	13d. INSIDE CITY L		STREET AND NUMBER				
odmission) S	ryland	13b. COUNTY	arford	Abin	gdon	YES N	0 25	7 Baker	Ave.	•		
14. FATHER'S I	NAME First	Middle	Last	1	S. MOTHER'S M	AIDEN NAME I	First	Midd			Lost	1111
	Amos	J.	Cullum		ALCOHOL:		ertrud	de A.		Cull	.um	
Yes, no, or	EASED EVER IN U.S. AR	MED FORCES? war or dates of service)	16b. SOCIAL SECURITY NO		INFORMANT			Addre	iss			1.11
Ye	s W	W 2	217-26-36	46 V	A Hosp	ital re	cords	. Per	ry J	Point,		
			ne for (a), (b), and (c).)								IMATE INTERVI ONSET AND DE	
PAR	RT I. DEATH WAS CAUSE IMMEDI	D BY: ATE CAUSE (a) P	ulmonary e	dema		5000			4	4-7	day	5
41	129		AS A CONSEQUENCE OF									
Canditio		4-7	days	5								
	mmediate cause (a), the underlying cause	DUE TO, OR	ongestive AS A CONSEQUENCE OF		myo	cardia				_		
last.		(c) A	rterioscle	roti	c hear	t dise	ase W	/extensi	ve	7 yı	rs.	
		NDITIONS CONTRIBU	ITING TO DEATH BUT NOT	RELATED T	O THE TERMINA	AL DISEASE OR	CONDITION GIV	VEN IN PART 1(o)				
8 40	200											
19a. DATE	E OF OPERATION 19b.	. CONDITION FOR WH	HICH OPERATION WAS PERF	ORMED	20a. AUTO		CALIS	IF YES, WERE FINDIT SES OF DEATH?	NGS CON	ISIDERED IN C	ERTIFYING	
	IDENT WAS UNDERLYI			21c. H	OW INJURY OC	CURRED (Ente	r nature af in	jury in Port 1 or Po	ort 2, Ite	m 18.)		
	TRIBUTING CAUSE OF DEA		Month Doy Year									
ZIQ. INJ	URY OCCURRED 21e	. PLACE OF INJURY	AT HOME, FARM, STREET, FACTO OFFICE BUILDING, ETC.	21f. L	OCATION Stre	et ar R.F.D. No	o. Ci	ty ar Town		Caunty	St	tote
¥6	WATER YOUR DOOR	KYPYGYXXXXXX	ended the deceased (did nat) view the bo	XXX, an	d that in (m	, 19 <u>6</u> ny) (aur) ap	8_, ta_ inian death	June 11 accurred an th	, 19 <u>6</u> ie date	and haur	and frai	m the
22b. SIGI	NATURE a.L	mo	oney m.	D. DEG	ATTENDI REE PHYS.	NG 🗆 [MED.	STAFF PHYS.		TE SIGNED 6-12-0	68	
22d. PHY	YSICIAN'S ME (Type) A. L	. MOONEY	//		22e. ADI		ry Poi	nt, Md.				
230. BURIAL, REMOVA	L (Specify)	DATE	23c. NAME OF CE			0-03		TION (City or Town)		(County)	(State)	
24. FUNERAL	DIRECTORIOWARD					00 0000	BY REGISTRAR	Air	RAR'S SI	rford GNATURE	Md	
Madem	TOWAT O	K. Mc Con	las & Son	Mong	don, Md.	DATE J	JN 14	1968 REGISTI	iles		noge	108

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	es Julios em	ol , HAV	M.	NOOMEY, 1	· sl • 2

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs ofter death. Page 4 may be retained by the hospital or attending physicion.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

08359

		CEASED-NAME First		Middle		Last		2o. DATE (0.0		2b. HOUR
	(1)	ype or print) The Im	18	M.		Davis	9		June	Pays -	1968	210AM
	3. SE:		T4. RACE	272.6		S. DATE OF B		1 4	6. AGE (In years			F UNDER 24 HRS.
								077	lost birthday)	MONTHS	DAYS	HOURS MIN.
	H	'emale	White		^	Aug.		913		RS.		
	/o. B	IRTHPLACE (State or foreign	7b. CITIZEN OF WHAT CO	OUNTRY?		NEVER MA	KKIED	. COUNTY C	OF DEATH			
	V	irginia	U.S.A.		WIDOWED		RCED 🗌	Cec				.Md.
	10. C	TY OR TOWN OF DEATH	11. NAME O	F HOSPITAL OR INST	TITUTION (If	not in hospitol			N (Kind of work dar	ne 12b.	KIND OF BU	JSINESS OR
1		Elkton	give sireer	oddress) ion Hos	pita	1	during ma	st of workin	g life, even if retired	I) R	USTRY	.Corp
	13a.	USUAL RESIDENCE (Where decease			13c. CITY O	R TOWN	13d. INSIDE CITY LIM		STREET AND NUMBER			
7	odmi	ssion) STATE Iary Land	d lived, if institution: R	17	Elkt		YES NO	0 12	8 Frien	dshi	n Ro	5.8
		ATHER'S NAME First	Middle	Lost			ALDEN NAME Fir		Middle		2.110	lost
		Henry		Henson			Col				Wolf	ond
	160	WAS DECEASED EVER IN U.S. ARME	ED EODCESS 116h	SOCIAL SECURITY N		INFORMANT			ndshipddr		HOTI	ora
	Y		r or dates of service)								303	
						Leon	ard H.	Dav:	is, Elkt	on,	Md.	TE INTERVAL
		18. CAUSE OF DEATH (Enter only									BETWEEN ONS	ET AND DEATH
		PART I. DEATH WAS CAUSED IMMEDIAT	TE CAUSE (o)	remea			1.00				1 huen	The
		180x	DUE TO, OR AS A	ONSEQUENCE OF		1		-			~ .	
		Conditions, if any, which gave		sicin	una	9	cervix	a	len		29	ears
		rise to immediate couse (a),(stating the underlying couse	DUE TO, OR AS A C			1	19 -	400				
	5.	lost.	(e)			V						
ı		PART 2. OTHER SIGNIFICANT COND	DITIONS CONTRIBUTING	TO DEATH BUT NO	T RELATED 1	TO THE TERMINA	AL DISEASE OR CC	NDITION GIV	(EN IN PART 1(a)	-		
		171X										
	TION	190. DATE OF OPERATION 1960C	ONDITION FOR WHICH O	PERATION WAS PER	FORMED	20a. AUTO	OPSY2	L20h	IF YES, WERE FINDING	S CONSIDER	ED IN CER	TIFYING
)	CERTIFICATION	1966	•	Cervix	- OKINED	YES [ES OF DEATH?	75 CONSIDER	ED IIV CEN	111 11110
	ERTI	21o. ACCIDENT WAS UNDERLYING			In. 1				D 4 1 - D 4	0 14 10	,	
П		OR CONTRIBUTING CAUSE OF DEATH		onth Day Year	216. 1	HOW INJURY OF	CURRED (Enter	noture at in	jury in Part 1 ar Part	2, Hem 10.)	
П	MEDICAL	(If either, natify medical examine	er) P.M.	19								
	×	21d. INJURY OCCURRED 21e. F	PLACE OF INJURY (AT HO	DME, FARM, STREET, FACT E BUILDING, ETC.	ORY,) 21f. I	LOCATION Stre	eet or R.F.D. No.	Ci	ty or Town	Count	ty	State
		of wark at wark				1			11.	1.		
ý.		22a. I certify that (1) (this	hospital) attende	d the deceose	d from_	6/11	5 , 19 6	/	6/18	1968	, thot (I) (we) lost
9		saw the deceosed oli	ve an 6/	77 19	OY, ar	nd that in (n	ny) (our) opir	ion death	accurred on the	dote ond	hour or	nd from the
		causes stoted obave,	(I) (we) (did) (did	not) view the b	ady after	death.	Y'.					
		22b. STGNATURE	+	0		ATTENDI	ING	ð. r	STAFF C	22c. DATE SIG	SNED /	1
		True o	() u	A	DEG	FREE PHYS.	DIF	RECTOR L	PHYS.	6/2	10/6	38
		22d. PHYSICIAN'S NAME (Type)	AI	Ischer		22e. AD	DRESS (K)	Not	had			
		MAINE (1919e) Oh u	, ,,									
)	23a.	BURIAL, CREMATION, 23b. D.	ATE	23c. NAME OF C	EMETERY O	R CREMATORY	Yang in		TION (City or Town)	(Caun		(Stote)
5		REMOVAL (Specify) Burial	ne 21.1968	Gilpin	n Mar	nor Me	m Park	E	lkton			rland
	24.	FUNERAL DIRECTOR	1,501	. ADDRESS	1.	35 -	2So. REC'D BY	REGISTRAR	25b. REGISTRA	AR'S SIGNATI	UDE	17 200
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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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	CE	ER	I	FI	C	AT	E	0	F	DEA	TH

					383	36	50
2o. DATE O	F DE	ATH Month	6	Doy 3			26. HOUR 8 : 05
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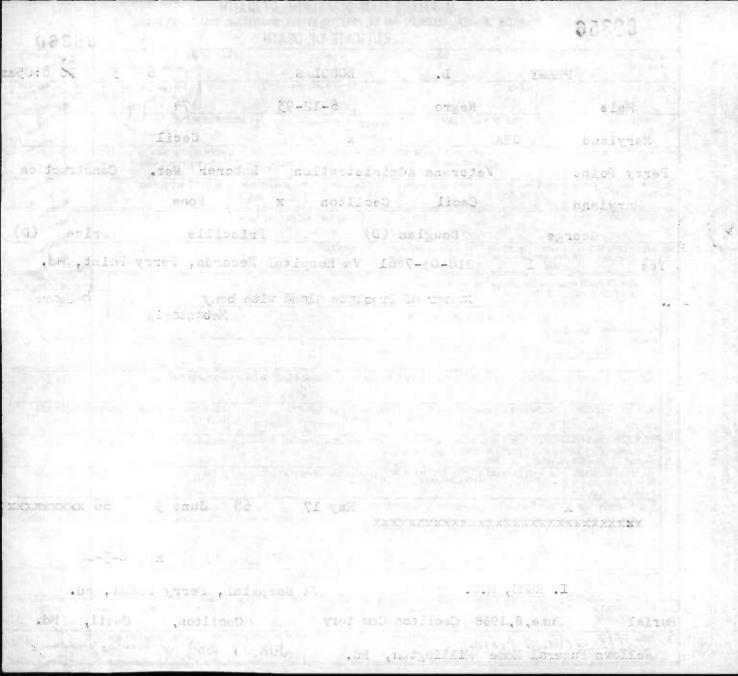
1. DECEASED-NAME	First		Middle		Lost		20. DA	TE OF DEATH	al D	V	401	2b. HOUR
(Type or print)	PER		L.	D	OUGLA	AS		mo	nth 6 Do	Yeor	10	8:05
3. SEX		4. RACE		S	. DATE OF E			6. AGE	(In years	MONTHS DAY		UNDER 24 HRS.
Mal			Negro		6-12				pirthday) YRS.			
7o. BIRTHPLACE (Stote country)	e or foreign	7b. CITIZEN OF WI		B. MARRIED			9. COUNT	Y OF DEATH				
Maryl		USA		WIDOWED X	-	RCED _		Cec				Mo
10. CITY OR TOWN O	oint	give :	AME OF HOSPITAL OR INSTI street oddress) eterans Adr			during		ATION (Kind orking life, eye		12b. KIND INDUSTRY Const		
130. USUAL RESIDEN odmission) STATE Mary		sed lived, if institut 13b. COUNTY	ion: Residence before Cecil	Cecil		13d. INSIDE CITY YES N	LIMITS? 13	Be. STREET AN				
14. FATHER'S NAME	First	Middle	Lost	15.	MOTHER'S N	AIDEN NAME	First		Middle		I	Lost
Section 1	George		Douglas	(D)	950	F	risc	ille		Pric	ce	(D)
160. WAS DECEASED Yes, no, or unknown	EVER IN U.S. AR	MED FORCES? war at dates of service)	16b. SOCIAL SECURITY NO 218-03-78		ORMANT Hos	pital	Reco	rds. I	Address	Point,	. Me	d.
		alv one rouse per li	ne for (o), (b), ond (c).)							APPR	ROXIMATE	INTERVAL
	FATH WAS CAUSE	D BY-	0	Prosta	te Gl	and wi	th bo	nv			Yea	AND DEATH
185	X	ATE CAUSE (o)	AS A CONSEQUENCE OF	220000	- GC GI	, , , , , , , , , , , , , , , , , , ,		le b asta	eie	•	100	-10
Conditions, if	ony, which gove		45 A CONSEQUENCE OF					20.000	-0-0			
	iote couse (o),		AS A CONSEQUENCE OF						1.350			
last.	iderlying couse	(c)										
PART 2. OTHER	SIGNIFICANT CO		TING TO DEATH BUT NOT	RELATED TO	THE TERMINA	AL DISEASE OR	CONDITION	GIVEN IN PAR	T 1(o)			
z 177	X											
190. DATE OF OI	PERATION 19b	CONDITION FOR WH	IICH OPERATION WAS PERF	ORMED	20o. AUT		1	Ob. IF YES, WI		CONSIDERED IN	CERTIF	FYING
E ACCIDENT	MAC UNDIDIVI	NG Tour Time of	F INTERIOR	Tot Hou	YES					10.1		
OR CONTRIBUTION (If either, notif	WAS UNDERLYI NG □ CAUSE OF DEA y medicol exom	TH HOUR A.M. iner) P.M.	Month Doy Year		V INJURY OF	CCURRED (Ente	er noture o	t injury in Poi	t I or Port 2,	Ifem 18.)	N/A	
While Not	work		AT HOME, FARM, STREET, FACTO OFFICE BUILDING, ETC.			eet or R.F.D. No		City or Tow		County		Stote
22o. I certi	fy that 🗱 (th	nis hospitol) otto	ended the deceosed	fromM	lay l'	7, 19_	_68 to	June	3_, 19	-68.4	istoćt)	ciese)ches
x X X X Causes	stajed abov	e, (i) (we) (did)	ended the deceosed 19 (did not) view the bo	and ody after de	that in (n eoth.	ny) (our) op	oinion de	oth occurre				I from the
22b. SIGNATUR	2.	Reu	o Mi	DEGREE	ATTEND PHYS.	ING	MED. DIRECTOR	STAFF PHYS.		6-3-68		
22d. PHYSICIAI				411	22e. AD							178
NAME (Ty	1.	REUS, M.				A Hosp				nt, Md		
230. BURIAL, CREMA Burial (Spec		DATE Ine, 8, 196	8 Cecilton					CATION (City		(County)		Stote) 1d.
24. FUNERAL DIRECT	14149 141	al Home	ADDRESS Millington	n, Md.		2So. REC'D		1968 2SE	REGISTRAR"	S SIGNATURE	dan	

an and completely filled in by the funeral been emaye carbon papers. Pages Land 2 and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours. **TO FUNERAL DIRECTOR:** After this cerificate has been signed by the attending physicial director, page 3 shauld be detached far use as the burial-transit permit. Then plets shauld be filed with the State Dept. af Health priar ta burial, crematian, ar remaval, and Page 4 may be retained by the haspital ar attending physician.

death.

Pages 1 and 2

VR A13 (4) 30M REV. 48



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and simpletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remayor carban papers. Pages 1 and 3 should be diled with the State Dept. at Health priar to burial, cremation, ar remayal, and in any eyent, within 72 hours after death.

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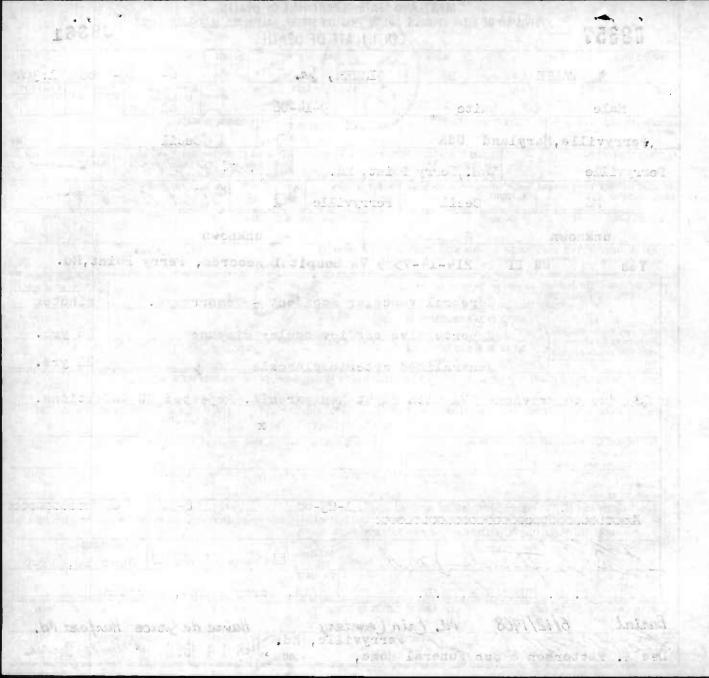
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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 CERT

W. PRESTON STREET, BALTIMORE, MARYLAND 21201	0000
TIFICATE OF DEATH	08361

1. DECEASED-NAM	Firs	t	Middle		Last		20. D	DATE OF DEATH	v	2b. HOUR
(Type ar print)	WAL	TER	В	FIS	HER . 2	r.		Mapth Day	- 68	1:30AM
3. SEX		4. RACE			5. DATE OF	BIRTH		6. AGE (In years	IF UNDER † YEAR	IF UNDER 24 HRS.
M	ale		White		9-	14-06		last birthday)	MONTHS CIAYS	HOURS MIN.
70. BIRTHPLACE (tote or foreign	7b. CITIZEN	OF WHAT COUNTRY?	8 MARRIET	NEVER MA		9. COU	NTY OF DEATH		-
country)	vville.	Marvla	and USA	WIDOWED		ORCED		Cecil		Md
IO. CITY OR TOW		- 10-2 / 200	11. NAME OF HOSPITAL OR	INSTITUTION (If	not in hospital	12o. USUA	AL OCCUI	PATION (Kind of work done	12b. KIND OF	F BUSINESS OR
Perryv			vAH., Perry	Point,	Md.	during me	ast at yo	orking rie, even it retired.)	INDUSTRY	
13a. USUAL RESID admission) STAT	ENCE (Where deced E Md.	osed lived, if i 13b. COU	nstitution: Residence befo		vville	13d. INSIDE CITY LI	MITS?	13e. STREET AND NUMBER		
14. FATHER'S NAN		141			U	73			-	
14. FAITER S NAM			ddle Lost	X-100	15. MUIHEKS N	MAIDEN NAME F		Middle		Last
M- WAS DECEASE	unknown		16b. SOCIAL SECURI	TV NO. 117	INCORMANT	u	nkn			
Yes, no ar unk	ED EVER IN U.S. AR nawn) {If yes give	MAR TT			A Hosp	ital R	eco	rds, Perry Po	int,M	d.
18. CAUSE	OF DEATH (Enter o	inly ane cause	per line far (a), (b), and	(c).)		1233				CIMATE INTERVAL ONSET AND DEATH
PART 1	DEATH WAS CAUS	ED BY:	Cerebral v	rascula	ar acc:	ident -	- he	morrhage.	min	utes
41	20		O, OR AS A CONSEQUENCE			C 13 150				
	if any, which gave		Hypertens:	ve car	rdiovas	scular	dis	sease	28	yrs.
	ediate cause (a), underlying cause	1 2115 50	, OR AS A CONSEQUENCE			00000		7 ()		<u></u>
lost. 44			Generaliza	ad arte	ni osci	larneis	2		28	yrs.
PART 2. OT	HER SIGNIFICANT CO		TRIBUTING TO DEATH BUT					ON GIVEN IN PART 1(a)		
- CEC	due to r	newio	us CVA witl	ni mi	hami	nanacio	. 1	Repeated GU in	nfacti	one
19a. DATE OF	OPERATION 19E	. CONDITION FO	OR WHICH OPERATION WAS	PERFORMED	20a. AUT) • T	20b. IF YES, WERE FINDINGS CO		
JEIC .					YES	NO EX		CAUSES OF DEATH?		
210. ACCIDE	NT WAS UNDERLY	ING 21b. T	IME OF INJURY	21c. 1				of injury in Part 1 or Part 2, It	em 18.)	
	UTING CAUSE OF DE		A.M. Manth Day Ye	ar		,		, , , , , , , , , , , , , , , , , , , ,		
- I ZIG. INJUK	OCCURRED 21e	e. PLACE OF IN	JURY (AT HOME, FARM, STREET, OFFICE BUILDING, ETC.	19 FACTORY.) 21f.	LOCATION Stre	et ar R.F.D. Na.		City or Town	County	State
at work	lat while at wark		OFFICE BUILDING, ETC.							
22a. l ce	tify that (1) (t	his haspital) attended the dece	ased from_	1-23-6	08, 19		to6-10, 19_0	oo , xix	KADAMADADA
* MAK	Appropries (Control of Control of	MINEXXIX	XXXXXXXXXX	ck9cxx, a	nd that in (r	ny) (aur) api	nion d	eath occurred on the dat	e and haur	and from the
		ie, (I) (we)	(did) (did not) view th	e bady after	death.					
22b. SIGNAT		-it-	7/8)~	. //	ATTEND	ING M	NED. IRECTOR	CTAFE -	ATE SIGNED	
DOC DUNE	1-12	Mar	my or	Alex DEC	REE PHYS.		IRECTOR	LI PHYS. LAI Ju	ne 10,	1968
22d. PHYSIC NAME		HUXT	ABLE, M.D.		22e. AD		crv	Point, Maryla	and	
23a. BURIAL, CRE	MATION, 23b.	DATE		OF CEMETERY O				LOCATION (City or Tawn)	(County)	(State)
BREMOVAL	pecify) 6/	12/1960		rin (em			Has	ere de Grace 1	Harton	d Md
24 SUNERAL DIR		11		SPerry	ville,	Mod REC'D B	Y REGIS	TRAR 256. REGISTRAR'S S	IGNATURE	
Dee A.	Patter	Son &	Son Funera			DATE	UN	1 8 1968 yell	mes !	udge.
										-



O FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by (he-foneral) director, page 3 should be detached for use os the buriol-tronsit permit. Then please remove corbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to buriol, cremation, or removal, and in any event, within 72 hours after death. physicion Poge 4 may be retained by the hospital or attending

OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours after

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

		4000	' 9		CERTIFIC	CATE OF	DEATH					
		CEASED-NAME	First	Middle		Last		2a. DATE OF DE			2b. HO	TUR
	l l	'ype ar print)	Arthur	William	GIF	BBONS,	Jr.	Jı	Month 2	Pay 198	8 8 A	A.M
	3. SE	X		4. RACE		S. DATE OF B	RTH	6.	AGE (In years	IF UNDER 1 YEA	R IF UNDER 24	
		Male		Caucasian	12.55	Decembe	er 30, I	1920	last birthday) 47 YR	S. MONTHS DA	YS HOURS	MIN.
	caun	BIRTHPLACE (State of try) Maryla	and	7b. CITIZEN OF WHAT COUNTRY? U.S.A.	WIDOWED		RIED 9.	Cecil	ATH L County	7		Md.
11	10. C	ITY OR TOWN OF	DEATH	11. NAME OF HOSPITAL OR	INSTITUTION (If	nat in hospitol			ind of work dan		OF BUSINESS O)R
4	B	ainbride	ge	give street address Sta	tion Ho	spital	during mast		e, even if retired.	.) INDUSTRY Mili	tary	Fil
7		CTATE	(Where deceased	d lived, if institution: Residence before	re 13c. CITY OI		YES NO	I TOO. STIKEL	TAND NUMBER Laffey		Manor	
1	14. F	ATHER'S NAME	First	Middle Last		S. MOTHER'S MA	AIDEN NAME Firs	t	Middle		Last	
		A	rthur	William GIBBON	s, Jr.		Cor	a	Estelle	BR	UCHEY	
		WAS DECEASED EVes or unknown	VER IN U.S. ARMEI	D FORCES? 16b. SOCIAL SECURITOR 1968 217 03 2		Naval	Trainin	g Cente	Address r, Bainl		1935 Md.	2
				ane cause per line far (a), (b), and	(c).)				15 4		OXIMATE INTERVAL N ONSET AND DEA	
		PART I. DEA	TH WAS CAUSED I	BY: ACUTE MYO	CARDIAI	INFAR	CTION			1 h	our	11.6
		Canditians, if an	y, which gave)	DUE TO, OR AS A CONSEQUENCE (b) CONGESTIV		DISEAS	SE	146				
rise to immediate cause (a), stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF (c)												
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)											
	N	EMPH	HASEMA									
2	RTIFICATION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONTROL YES NO 180									CERTIFYING	
	24						-		7447			

21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. P.M. If either, natify medical examiner)

21d. INJURY OCCURRED 21e. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, 21f. LOCATION Street or R.F.D. No. City or Town County While Nat while

at work 22a. I certify that (I) (thinktospital) attended the deceased from June 2 , 1968 , to June 2 , 1968 , that (I) (36) last saw the deceased alive an June 2 1968 , and that in (my) (sex) apinian death accurred an the date and haur and from the causes stated abave, (1) (364) (did 3666) view the bady after death.

22c. DATE SIGNED 22b. SIGNATURE umoches ATTENDING PHYS. MED. DIRECTOR STAFF PHYS. 3 /68 DEGREE 22e. ADDRESS 22d. PHYSICIAN'S

NAME (Type) SOL ROCKENMACHER, LT MC USNR Station Hospital, NTC, Bainbridge, Md.

23a. BURIAL, CREMATION REMOVAL (Specify) Burial 23d. LOCATION (City or Town) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (Caunty) (State) Arlington National Cemetery Virginia Arlington

ADDRESS 2Sa. REC'D BY REGISTRAR PERRYVILLE, MARYLAND

25b. REGISTRAR'S SIGNATURE

State

08362

VR A15 (4) 30M REV. 1/68

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the forward director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and shauld be filed with the State Dept. at Health prior to burial, crematian, ar remaval, and in any event, within 72 hours after deat

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

1)	08358			CERTIFICAT	E OF DEATH	1		000	003		
1.	DECEASED-NAME (Type or print)	First	Middle		last	2a. DATE O	F DEATH Manth 6	Dov > Year	2b. HOUR		
		EARL	0.		FITH			dane (12b. KIND OF BUS NOUSTRY ER (15c. NW) dle (15c. KIND OF BUS NOUSTRY) ER (15c. NW) dle (15c. KIND OF BUS NOUSTRY) ER (15c. KIND OF BUS NOUSTRY) APPROXIMATE BETWEEN ONSET Yes (15c. KIND OF BUS NOUSTRY) APPROXIMATE SIGNED IN CERTIFY Yes (15c. KIND OF BUS NOUSTRY) APPROXIMATE SIGNED (15c. KIND OF BUS NOUSTRY)			
3.	SEX	4. RACE			DATE OF BIRTH		6. AGE (In years last birthday)				
	Male		White	_	12-14-95		-	YRS.			
	. BIRTHPLACE (Stote or for	reign 7b. CITIZEN OF V	/HAT COUNTRY?		NEVER MARRIED 🗌	9. COUNTY O					
	Sterling			WIDOWED	DIVORCED 🔀	Cec			M		
3	CITY OR TOWN OF DEATH	t Ve	NAME OF HOSPITAL OR IN street address) terans Ad	ministr	hospitol 120. U	SUAL OCCUPATION most of working rinter	N (Kind of work do g life, even if retire	ane 12b. KIND (ind.) INDUSTRY	OF BUSINESS OR		
13 ad	o. USUAL RESIDENCE (Whe mission) STATE	ere deceosed lived, if institu — 13b. COUNTY	ution: Residence before	Washing			TREET AND NUMBER				
3. 14	. FATHER'S NAME Fin	st Middle	Lost	15. M	THER'S MAIDEN NAM	E First	Middl		Lost		
	Ma	rtin	Griffi	th(D)	Ma	ry		Griff	ith (D)		
16	O. WAS DECEASED EVER IN	U.S. ARMED FORCES? (If yes give wor or dates of service)	16b. SOCIAL SECURITY	NO. 17. INFO	RMANT		Addres	ss			
	Yes, no, or unknown)	WW I	579-28-71	92 VA	Hospital	Records	, Perry				
		(Enter anly one couse per	line far (a), (b), and (c).)					IXIMATE INTERVAL I ONSET AND DEATH		
Г	PART I. DEATH W	AS CAUSED BY: IMMEDIATE CAUSE (a)	Pulmonary	Edema,	Acute.						
-	4/29 DUE TO, OR AS A CONSEQUENCE OF										
Г	Conditions, if ony/wh	ich gave)			Coronary	Heart Di	Lsease				
	rise to immediate cause (o), (stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF										
	last.		Arteriosc.	lerosis.	Generaliz	ed.					
	PART 2. OTHER SIGNIF	ICANT CONDITIONS CONTRIB					EN IN PART 1(a)				
2	1-201		Cerebral A	rterios	lerosis.	Severe.					
TIELCATION	190. DATE OF OPERATION	N 19b. CONDITION FOR W			20a. AUTOPSY? YES NO	20b. 1	F YES, WERE FINDINGS OF DEATH?		CERTIFYING		
Crox		E 1 W1 1 1111E			NJURY OCCURRED (E	nter noture of inju	ury in Port 1 or Po	rt 2, Item 18.)			
MEDICAL	OR CONTRIBUTING C			19							
145	While Not while	D 21e. PLACE OF INJURY	(AT HOME, FARM, STREET, FO OFFICE BUILDING, ETC.	ACTORY,) 21f. LOCAT			y or Town		State		
	22a. I certify tha	txix(this hospitol) of	tended the deceos	sed from Oc	t. 4 , 19	966 , ta_c	occurred on th	, 19 <u>68</u> , 3da e dote and hou	r ond from th		
	causes state	d abave, (I) (we) (did) (did not) view the	bady after dea	th.						
т	22b. SIGNATURE	1 700	- 2 2		ATTENDING	MED.	CTAFF	22c. DATE SIGNED			
		1. L. 11100	ney M.	DEGREE	PHYS.	DIRECTOR	PHYS.	6-3-6	8		
	22d. PHYSICIAN'S NAME (Type)	A. L. MOONE	Y, M.D.		VA Hos	pital,	Perry Po	int, Md.			
23	a. DORIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. HAMP OF	CENTETERY OR CRE			ION (City or Jown)		(State)		
2	I. FUNERAL DIRECTOR	1	ADDRES	5		D BY REGISTRAR			4		
1	Pattareow	Funeral Hom	e. Perryy	ille. Me	DATE .	JUN 1 1	1968	Tionles (andalla		

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 38364 CERTIFICATE OF DEATH 1. DECEASED-NAME Middle Last 2o. DATE OF DEATH 2b. HOUR First (Type or print) eral deat an ser 6. AGE (In years last birthday) 3. SEX DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS and in any event, within 72 hours'a COUNTY OF DEATH 7a. BIRTHPLACE (State ar foreign 8. MARRIED T NEVER MAKRIED OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours country) .⊆ WIDOWED [DIVORCED TO 12a. USUAL OCCUPATION (Kind of work dane NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR during most of working life, even if retired.)
HOME HOUSE wor/ give street address) **INDUSTRY** 13e. STREET AND NUMBER 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13b. COUNTY YES NO 14. FATHER'S NAME Middle 15. MOTHER'S MAIDEN NAME First Middle ease 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address Yes. na. ar unknawn) (If yes give war or dates of service) burial, cremation, ar remaval, 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I, DEATH WAS CAUSED BY: erebro IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Arterio scierosis Canditians, if any, which gave) burial-transit rise to immediate cause (a), Page 4 may be retained by the haspital ar attending physician. signed by DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) this certificate has been directar, page 3 shauld be detached far use as the shauld be filed with the State Dept. af Health prior ta CERTIFICATION 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗌 NO | 21g. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, 21f. LOCATION Street ar R.F.D. Na. City or Town County State While Nat while at wark 220. I certify that (I) (this haspital) attended the deceased from saw the deceased glive on 1928. O FUNERAL DIRECTOR: After 1968, and that in (my) (aur) apinian death occurred an the date and haur and from the saw the deceased alive on. couses stated above, (1) (we) (did) (did not) view the body ofter death. 22b. SIGNATURE () 22c. DATE SIGNED ATTENDING PHYS. MED. DIRECTOR STAFF PHYS. 6-13-68 DEGREE 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) 23d. LOCATION (City or Town) URIAL CREMATION 23b. DATE OR CREMATORY (County) (State) REMOVAL (Specify) JUNE 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR VR A15 (4) 30M REV. 1/68 1968 DATE JUN

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

08365

00002		CERTIFICATE OF D	EATH		0000	, 0
	TER J.	Lost	=S. 20. DATE	OF DEATH Month 2 Doy	68 year	2b. HOUR
3. SEX Male	4 RACE White	S. DATE OF BIRT	18, 1894	6. AGE (In yeors lost birthdoy)	MONTHS OAYS	HOURS MIN.
7o. BIRTHPLACE (Stote or foreign country)	7b. CITIZEN OF WHAT COUNTRY? USA	8. MARRIED NEVER MARRII				Me
10. CITY OR TOWN OF DEATH Elkton	11. NAME OF HOSPITAL OR give street oddress) Uni.	INSTITUTION (If not in hospitol on Hospital	120. USUAL OCCUPATION during most of working Caretaker	ON (Kind of work done ng life, even if retired.)	12b. KIND OF B INDUSTRY Est	SUSINESS OR Cate
13o. USUAL RESIDENCE (Where deceosed odmission) STATE Marvland	d lived, if institution: Residence before 13b. CONTECIL	re 13c. CITY OR TOWN 13d		•D• 2		
14. FATHER'S NAME First Phillip Hin	Middle Lost	15. MOTHER'S MAID Alberthe		Middle		Lost
16o. WAS DECEASED EVER IN U.S. ARME Yes no, or unknown) (If yes give war	D FORCES? or dates of service) 183-26-0		4. Hines		.D. 2 East, N	1d.
Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.	BY: E CAUSE (0) ARGENT DUE TO, OR AS A CONSEQUENCE ((b) DUE TO, OR AS A CONSEQUENCE ((c) OTTIONS CONTRIBUTING TO DEATH BUT	OF DF		VEN IN PART I(o)	/ /	e (p
190. DATE OF OPERATION 196. CO	ONDITION FOR WHICH OPERATION WAS	YES 🗌	NO CAUS	IF YES, WERE FINDINGS C SES OF DEATH?		RTIFYING
OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examine 21d. INJURY OCCURED While of work 22a. I certify that (I) (this saw the deceased ali	HOUR A.M. Month Doy Ye P.M. AT HOME, FARM, STREET, OFFICE BUILDING, ETC.	pactory, 21f. LOCATION Street of the street	or R.F.D. No. (i	ity or Town G , 19 h accurred an the do	County	State (I) (we) last
22d. PHYSICIAN'S NAME (Type)	Julin A. Fisch	DEGREE ATTENDING PHYS. 22e. ADDRE	DIRECTOR	STAFF D 22c.	DATE SIGNED	18
230. BURIAL, CREMATION, REMOVAL (Specify) 6-5	-68 North	of CEMETERY OR CREMATORY East Methodist	23d. LOCA North	TION (City or Town) East Cec	(County)	(Stote) Md.
24. FUNERAL DIRECTOR		BOX 22	isa. REC'D BY REGISTRAR DATE JUN 4	A 400 /	SIGNATURE	ye.

VR A15 (4) 30M REV. 1/68

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remarks certain papers. Pages 1 and 2 shauld be filled with the State Dept. at Health priar to burial, crematian, or removal, and in any event, within 72 haurs after death.

:O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death

Page 4 may be retained by the haspital ar attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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Mis.	M			08362
death.	funeral 1 and 2 er death.			CEASED-NAME ype or print)
after (3. SE	x Female
hours	is Sold)	7o. E	SIRTHPLACE (Stote or try) Delawa
thin 24	filled in pape	61		ITY OR TOWN OF DEA
uted wi	and campletely f remave carban in any event, with	07	13o. odmi	USUAL RESIDENCE (Wassion) ASIAIE la
oe exec	and ca remay in any	1		ATHER'S NAME
ificate b	ase			WAS DECEASED EVER
The law	has been signed by the attending se as the burial-transit permit. The priar to burial, crematian, or rem	2	MEDICAL CERTIFICATION	18. CAUSE OF DEA' PART I. DEATH Gonditions, if ony, vrise to immediate stating the underly lost. PART 2. OTHER SIGN 190. DATE OF OPERAT 210. ACCIDENT WAS GIFT of COUNTRIBUTING CITY of COUNTRIBUTING CITY of Work CITY of WO
SPITAL OR ATTENDING PHYSICIAN:	ERAL ar, pa	1		22a. I certify the saw the decauses star 22b. SIGNATURE 22d. PHYSICIAN'S NAME (Type)
TO HOS	TO FUNER director, should it		230.	BURIAL, CREMATION, REMOVAL (Spacity)

CERTIFICATE OF DEATH

					CEIVIIII	CAIL OI	PEAIII						
	ECEASED-NAME	First		Middle		Lost		2o. DATE OF				2b. H0	
(Type or print)	Ma	ry	Α.	Hol:	lett		J.	une 8,1	968	Yeor	6	PM
3. 5			4. RACE			S. DATE OF B			6. AGE (In years	IF UNDE	R 1 YEAR	IF UNDER 24	
33	Female		V.	Mite		Octo	ber 4.	,1885	loss birthday)	RS. MONTHS	DAYS	HOURS	MIN.
7o.	BIRTHPLACE (Stote or f	oreign		WHAT COUNTRY?	8. MARRIED	☐ NEVER MA	RRIED	9. COUNTY OF	DEATH				
COU	ntry) Delawa:	re	US	A	WIDOWED		RCED 🗌	Cec	il				Md.
10. (CITY OR TOWN OF DEAT	TH		. NAME OF HOSPITAL OR I	NSTITUTION (If	not in hospital			(Kind of work do			BUSINESS C)R
	Elkton		g	ve street oddress) Union Ho	spita	al	during mo	ost of working Dusewi	life, even if retired	1.) INDI	USTRY		
130.	USUAL RESIDENCE (WH	nere deceose	d lived, if inst	itution. Residence before	13c. CITY O	R TOWN	13d. INSIDE CITY LI	MITS? 13e. ST	REET AND NUMBER	//	,	200	
oam	nission Marylai	nd	13b. COUNT	Cecil	Elkt	con	YES NO	X	Elkton	RD#	: 4		
14.	FATHER'S NAME F	irst Dar	i e 7 Middle	Sweeneyast		IS. MOTHER'S M	AIDEN NAME F	irst	Middle			Lost	
	1	Mary.	A	Halle	ett	S	ara Ja	ane Qu	inn				
160	. WAS DECEASED EVER		D FORCES?	16b. SOCIAL SECURIT		INFORMANT			Address				
	Yes, po, or unknown)	(ii yos give we	t or outes or service;	222-09	-6797	Mrs	.Harvi	in Oni	zuk El	kton	, Md	.RD#	# 4
	18. CAUSE OF DEATH	H (Enter onl	one couse pe	r line for (o), (b), and (c).)							MATE INTERVA	
	PART I. DEATH \	WAS CAUSED	BY: TE CAUSE (o) _	Hepatric	Cox	ua)							
	199.1	IIIIIIEDIA	–	OR AS A CONSEQUENCE O	F		f					1	
	Conditions, if ony, w		(h)	Carrino		2/ /0	he to	ul			1-3	when	
	rise to immediate of stating the underlyi		DUE TO, C	OR AS A CONSEQUENCE O		01.				,		1000	
	lost.	ing coose	(c)	Carrino	un a	1 Thy	earl.	trus	or Col	2/1	1-21	enite	tio
	PART 2. OTHER SIGN	IFICANT CON	OITIONS CONTR	IBUTING TO DEATH BUT	NOT RELATED	TO THE TERMINA	AL DISEASE ORC	ONDITION GIVE	N IN PART 1(o)				
2	1992												
CERTIFICATION	190. DATE OF OPERATION	ON 19b. C	ONDITION FOR	WHICH OPERATION WAS I	PERFORMED	20a. AUT	OPSY?		YES, WERE FINDING	S CONSIDER	ED IN C	RTIFYING	1.0
F						YES [NO 🔽	CAUSES	OF DEATH?				
	210. ACCIDENT WAS			E OF INJURY	21c.	HOW INJURY O	CURRED (Enter	r noture of inju	ry in Port 1 or Port	2, Item 18	.)		
MEDICAL	OR CONTRIBUTING [**	r 19								
WE	21d. INJURY OCCURR	ED 21e.		RY (AT HOME, FARM, STREET, I OFFICE BUILDING, ETC.	ACTORY,) 21f.	LOCATION Stre	et or R.F.D. No.	. City	or Town	Coun	ity	Sto	ote
	While Not while of work												
	22a. 1 certify th	at (I) (thi	haspital)	attended the decea	sed from_	5-8	, 19_4	e& , ta	6-8,	19 68	, that	(I) (.we	+ last
	saw the de	ceased al	ve an	() - X	19_ <u>6</u> X, a	nd that in (n	ry) (aur) api	nian death	occurred an the	date and	d haur	and from	n the
		ea abave	(1) (we) (a	id) (did not) view the	е ваау аттег	aearn.			1	DATE CO	CHED		
	22b. SIGNATURE	and l	i le	mela 2) DEC	REE PHYS	NG 🔀 M	NED.	STAFF	June		196	58
	22d. PHYSICIAN'S	v /- Ce	no .	ag we	- DEC	PHYS.		IRECTOR L	PHYS.	o uno	10	9-1	,0
	NAME (Type)			Nejema		220. AD		lkton,	Marylan	ıd			
230	. BURIAL CREMATION.	23b. D	ATF		F CEMETERY O	R CREMATORY			ON (City or Town)	(Cour	ntv)	(Stote)	
200	REMOVAL (Specify)			1.0		r-Beth	el		mington		, ,	,	
24.	FUNERAL DIRECTOR			ADDRES		1	2So. REC'D B		2Sb. REGISTRA	AR'S SIGNAT	URE _		
	K.T. 7	bue	o y	Lewert	10	lacord	DATE JL	JN 12	1968 8	liant	as of	udge	•
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 08367 DECEASED-NAME Middle Lost 20. DATE OF DEATH 2b. HOUR the death certificate be executed within 24 hours after death. (Type or print) the fur 3 SEX S. DATE OF BIRTH 6. AGE (In years last birthday) MONTHS DAYS 7o. BIRTHPLACE (Stote or foreign 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED (quntry) physician and completely filled in DIVORCED [within 72 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress during most of working life, even if retired.) INDUSTRYcarbon and in any event, 13e. STREET AND NUMBER 13a, USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13d, INSIDE CITY LIMITS? admissian) STATE 13b. COUNTY YES Y 14. FATHER'S NAME Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Lost 10 please 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address Yes, no ar unknown) ELKM crematian, or remaval, APPROXIMATE INTERVAL signed by the attending l 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEA PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Conditions, if ony, which gave) requires that rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse by the haspital or attending physician burial, PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) be detached far use as the State Dept. af Health priar ta has been 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [TO FUNERAL DIRECTOR: After this certificate ATTENDING PHYSICIAN: 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year P.M. (If either, natify medical examiner) AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY State City or Town County While Not while at wark 22a. I certify that (1) (this haspital) attended the deceased from 19 and that in (my) (aur) apinian death accurred an the date and haur and fram the saw the deceased alive an. be retained directar, page 3 shauld shauld be filed with the causes stated above, (1) (we) (did) (did not) view the bady after death. 22b. SIGNATURE 22c. DATE STONES **ATTENDING** STAFF DEGREE PHYS. DIRECTOR PHYS. 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type BURIAL, CREMATION 28b. DATE 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City or Town) (County) FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE

30M REY

1000 April 18 - 18 Control of Control

MARYLAND STATE DEPARTMENT OF HEALTH

08368

08364

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

		First		Middle		Lost		2o. DATE (Manak	Day	Voor - 4	2b.	HOUR
,,	ype or pinn)	LYN	IAN	LITTLEFI	ELD	K	NG		6	- 6	2 Yeor 68	3 10	0:10H
3. SE	LYMAN LITTLEFIELD KING Month 6 Doy 2			UNDER 1 YEAR	IF UNDE	R 24 HRS.							
						4-5-	.92		76 minday)	RS.	MINS ONIS	HOURS	, min.
7o. l	BIRTHPLACE (Stote or f	oreign	7b. CITIZEN OF WH	HAT COUNTRY?	8. MARRIED	NEVER MA	RRIED	9. COUNTY O	OF DEATH				-1-1
COUL		1	U.S.A			DIVO	RCED 🔀	C	ecil				Md.
							n Ret	ost of working	ON (Kind of work do ng life, even if retire .ceman	ne d.)	12b. KIND OF INDUSTRY	BUSINES	S OR
120	LICITAL DECIDENCE TALL	are decore	ed lived, if instituti		13c. CITY O	R TOWN		MITS? 13e.	STREET AND NUMBER		67.77		
odm	ission) STAWirg	inia	13b. COUNTY		Arlin	gton	YES NO	3	138 10th	St	reet,	Ap	t.2-1
			Middle	Lost		IS. MOTHER'S A	ALDEN NAME F	irst	Middle	ð		Lost	
1	Ja	mes		King	(D)		N	lary			Fo	rd	(D)
160.	WAS DECEASED EVER	IN U.S. ARN		16b. SOCIAL SECURITY	10. 17.	INFORMANT			Addres	s			
Y	(es, no, or unknown)		ar or dates of service)	229-44-76	78 VA	Hosp	tal. F	erry	Point, M	d.			
		H (Enter onl	y one couse per lin								APPROXII BETWEEN O	MATE INTE	
	PART 1. DEATH V	NAS CAUSED	BY:			a. Act	ite				DETWICE O	NOCT PARE	DEATH
0.9	4129	IMMEDIA			23000213	- 440						Office.	
	Conditions, if onv. w	hich gove	DUE TO, UK F		TO HOS	wt Wod'	11120				-11		
	rise to immediate c	ouse (o), ((b)		e Hea	I U TOLL	Lui e						
		ng couse			larot	in Core	manu H	agnt D	i cas ca				
		EICANT CON	17								-		
	4201	ITICANT CON	-						TEN IN TAKE I(0)				
NO	100 DATE OF ODERATIO	ON 110h				Par A	opeya	206	IE VEC WEDE EINDIN	GS CON	CIDEDED IN CI	EDTIEVIA	IC.
CERTIFICATION	190. DATE OF OPERATIO	JN 170.	CONDITION FOR WIN	ICH OPERATION WAS PE	Krukmed			CALIS				2K HF HIN	10
ERTI	DI - ACCIDENT WAS	LIMIDEDI VINI	C Int. THE OF	LIMBY	le:								
					21c. 1	HOW INJURY O	CURRED (Enter	r noture of in	ijury in Port I or Por	f 2, Iter	n 18.)		
MEDICAL	(If either, notify med	licol exomin	ner) P.M.	19									- 42
W	While Not while				- H						County		Stote
	22a. I certify th	at (10) (thi	s haspital) atte	ended the decease	ed fram_	May 22	, 19_6	08_, ta_	June 2,	19_6	& XXX	XXX	*XXXX
	saw the do	ed abave	, (I) (we) (did)	(did nat) view the	bady after	nd that in (r death.	ny) (aur) api	nian death				and fr	am the
	22b. SIGNATURE	Q. 1	moe	nev.m	D. DEG	REE PHYS.	ING D	MED.	STAFF FEET	22c. DA1	JE SIGNED		
d		A. L				22e. AD		tal. I	Perry Poi	nt.	Md.	225	
230	BURIAL, CREMATION,	23b. [23c. NAME OF	CEMETERY OF				TION (City or Town)		(County)	(Stot	re)
	REMOVAL (Specify) Burial								ashington			(=:0)	-1
24.	FUNERAL DIRECTOR	1/201	5-1968				2So. REC'D B	Y REGISTRAR	2Sb. REGISTR				
Iv	res Funera	al Ho	me, WII	son Blvd.	, Arli	ngton,	VAHIN	7 196		Man	Questina	-	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled j directar, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban pages shauld be filed with the State Dept. af Health prior ta burial, crematian, ar remaval, and in any event, within 12 VR A15 (4) 30M REV, 1/68

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the haspital or attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

08369

1. DECEASED-		First		Middle		Lost			E OF DEATH	1000		2b. HOUR
(Type or p	orint)	ANDRE	W	W.	M	MAIR		Ju	ne 20, 19	68°Y	Yeor	3:40 IM
3. SEX			4. RACE			S. DATE OF	BIRTH	1	6. AGE (In years	IF:	UNDER 1 YEAR	IF UNDER 24 HRS.
Ma	le		Whi	te		10/9	/07		last birthday)	YRS. MOI	NTHS DAYS	HOURS MIN.
70. BIRTHPLA	ICE (Stote or fo	reign 78	. CITIZEN OF W	HAT COUNTRY?	8. MARR	IED NEVER M.	ARRIED .	9. COUNTY	OF DEATH			
country) Sc	otland		US	A	WIDOW		ORCED 🔀		Cecil Co	unty		Md
10. CITY OR 1	TOWN OF DEAT	Н	11.8	NAME OF HOSPITAL OR II	NSTITUTION	(If not in hospitol	12o. USU		10N (Kind of work d		12b. KIND OF	BUSINESS OR
	Point			VA Hospit					ging life, even if retire		INDUSTRY	
odmission)	STATE	7.75	lived, if institution 13b, COUNTY	ution: Residence before		OR TOWN	13d. INSIDE CITY I		STREET AND NUMBER			
Penns	y L van 1		Monte	omery	Ardn	_	X	_ <	09 Marlbo		oad	
14. FATHER'S			Middle	Lost		15. MOTHER'S	MAIDEN NAME		Midd	е		Lost
14 1446 BE		llan M		That specific sections	, wa 1	12 14/200 14/14/7	Euphr	renia	Wilson			
Yeş, no, or	r unknown)	(If yes give war o	or dates of service)	16b. SOCIAL SECURITY		17. INFORMANT		This	Addre			
	r unknown)	Ww		160-03-55		VA Hosp	ital Re	ecords	Perry P	oint	Md.	MATE INTERVAL
18. CAI	USE OF DEATH ART I. DEATH W	(Enter only	one couse per	line for (o), (b), and (c	:).)	-4					BETWEEN O	ONSET AND DEATH
1	AKI I. UCAIN W		CAUSE (a)	Cardiac	Arre	St					Sudd	len
16	117		DUE TO, OR	AS A CONSEQUENCE O	Aspi	ration (of thic	k muc	ous materi	al		
	ons, if ony, wh		(b) <u>j</u>	nto lungs	duri	ng a co	ighing	episo	de			
stoting	the underlying		DUE TO, OR	AS A CONSEQUENCE OF	Post	operati	ve stat	us, r	ight radio	al		
lost.		,	(c)	INGO BANISH	Ctlon	ior cal	icer of	tong	ue with wi	.ae		
PART 2	2. OTHER SIGNIF	ICANT CONDI	TIONS CONTRIB	OHNG TO DEATH BUT	NUT RELATE	B-10-THE TERMIN	IAL DISEASE OR	CONDITION	GIVEN IN PART 1(0)			
8/4	17							Lea	L IF VEC IVERE FINISH	100 0010	IDEDED IN C	FR TIENMAND
21o. AC	TE OF OPERATIO	N 195. CO	NDITION FOR W	HICH OPERATION WAS P	ERFORMED	20o. AU		CA	b. IF YES, WERE FINDI USES OF DEATH?	IG2 CON2	IDERED IN C	ERTIFYING
E A	CIDENT WAS U	INDEDIVING	Last Times	DE IMMEN	la:	YES [_				101	
	ONTRIBUTING C		21b. TIME (c. HUW INJUKY C	CCURRED (Ente	er noture of	injury in Port 1 or Po	rt 2, Item	1 18.)	
(If eithe	er, notify medi	col exominer) P.M.		19							
	Not while	D 21e. Pl.	ACE OF INJURY	(AT HOME, FARM, STREET, F OFFICE BUILDING, ETC.	ACTORY,) 21	f. LOCATION Sti	eet or R.F.D. No	0.	City or Town	(County	Stote
OI WOLK	of Work									10.7		
22a. 1	certity the	it (24) (this	haspital) at	tended the decea	sed from	May 21	, 19_ nul (our) on	68 , ta,	June 20,	, 19_68	3	
2	auses state	d abave, (1) (903) (did	tended the deced (dictional) view the	bady aff	ter death.	ily) (oul) op	illion ded	im occorred on m	e date	מוום וומטו	una main me
	GNATURE		, , , , , , , , , , , , , , , , , , , ,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							E SIGNED	
	()	Lh	non	neud	N.D	DEGREE PHYS.	ING	MED. DIRECTOR	STAFF PHYS.	Jur	ne 21.	1968
22d. Pl	HYSICIAN'S		-	V		22e. Al	DRESS					
N/	AME (Type) A	L. M	OONEY,	M.D.		VA	l. Perr	y Poi	nt, Md.		CALP	
23o. BURIAL	, CREMATION,	23b. DA	TE	28c. NAME OF	F CEMETERY	OR CREMATERY	4	23d. LOC	ATION (City or Town)	((County)	(Stote)
	AL (Specify)	JUNI	- 231	A //	1	& Com	elery	11	rela,			19.
24. FUNERAL	DIRECTOR !	Made	son Mul	ehell ADDRES			DATE JU	BY REGISTRA	R 2Sb. REGIST			4.0
R. Ma	adison	Mitch	ell, Ha	avre de Gr	ace,	Md.	DATE JU	G W M	1000 K	lange	CA You	1

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the fuller director, page 3 should be detached far use as the burial-transit permit. Then please remave carban papers. Dages, John Shauld be filed with the State Dept. of Health priar ta burial, cremation, ar remaval, and in any event, within 72 haurs after death. O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours. Page 4 may be retained by the haspital ar attending physician.

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VR A15 (4) 30M REV. 1/68

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Action of the condition		soull alre	'mone		:1-	nella
The control of the co	- OH	tell months blanca		PODA EN		and the same
And long the country, and print of the country of t		SHAIR SEE CHEEK		Acres No.		
			ي د الله الله الله الله الله الله الله ال	oma sadra Urai Urai	eans	
it, is not to the first of the contract of the			s (10°), s s (10°), s s (10°), s s (10°), s	ann seitha Inai Inai Inaicean Inaicean	cont.	
A three of the second of the s	J.		. Le fois l .a. Marco les La descripación Lo descripación .e.	som seliga igul egnel gross englosabli englosabli seligaso: pa	cant Sen Turkey	
	J.		. Le fois l .a. Marco les La descripación Lo descripación .e.	som seliga igul egnel gross englosabli englosabli seligaso: pa	cant Sen Turkey	
. De contra a contra co	IJ				5 on L	Ja.
	J		s Longia s John Song Mol Longia sel Longia sel Lon	in a cinal in a cinal in a consult di di di di di di di di di di di di	5011	

Sician and completely in by the funeral empore carbon papers. Pages 1 and 2 should ny event, within 72 keys after death. 24 hours after The law requires that the death certificate be executed death. Page 4

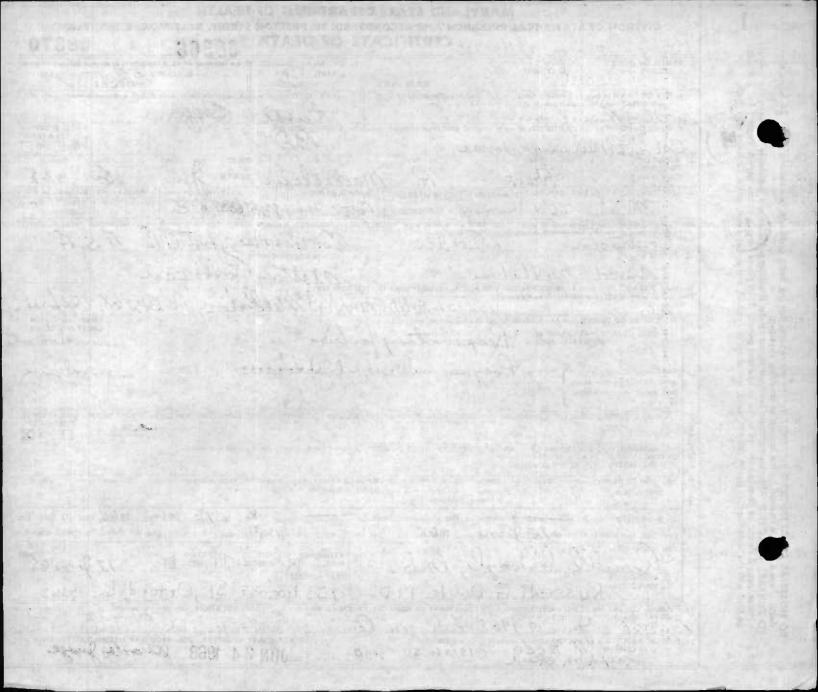
TO HOSPITAL CATTENDING PHYSICIAN: The law requires that the death cedeath. Page 4

TO FUNERAL COTOR: After this certificate has been signed by the attending physician, director, page 3 should be detached for use as the burial-transit permit. Then please be filed with the State Dept, of Health prior to burial, cremation, or removal, and in an

VR A15 (4) 15M 7-62

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 08370

Tremas Liturator //2/00 Amb	.0300
1. PLACE OF DEATH	2. USUAL RESIDENCE (Where decessed lived, If Institution: Residence before edmission)
a. COUNTY O	a. STATE b. COUNTY
MARYLAN MARYLAN	
b. CITY OR TOWN (if outside corporata limits, c. LENGTH OF STAY IN write RURAL and give nearest lown).	1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
1 A 0 C	P. D. Oshal
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS e. 15 RESIDENCE
d. NAME OF HOSPITAL OR HYSTITOTION (If not in nospital, give street address)	ON A FARM?
Calvest nursing Home	YES NO
3. NAME OF First Middle	Last 4. DATE Month Day Year
DECEASED (Typa or print)	mall of DEATH WALL IS 10/28
(Type or print)	Mallalien file
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
M WIDOWED X DIVORCED	Months Days Hours Min.
	USTRY 11. BIRTHPLACE (County & State, or foraign country) 12. CITIZEN OF WHAT COUNTRY?
10a. USUAL OCCUPATION (Give kind of work dona during most of working life, even if ratired)	USTRY 11. BIRTHPLACE (County & State, or foraign country) 12. CITIZEN OF WHAT COUNTRY?
Contractor Bulder	CATICALONE Chestaleta The S. A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
10 11 -20 00 0	
Marid Mallalili	mother rufincan
	17. INFORMANT Address
(Yes, no, or unkown) (Ifyesgive war or dates of servica)	In I P Mall li POBMICS ON LIST
10 1 102-01-3131	Trank 1. Mallallell, 10 Not 60, Office
18. CAUSE OF DEATH [Entar only ona cause per lina for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Level ment
11270	The state of the s
TO TO DUE TO	0 00 /
Conditions, if any, which) (b) Trogressive (a	rebal Jochemia peveral years.
gava rise to immadiata cause DUE TO	
(e), stating the underlying	
causa last. (c)	The state of the s
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	IT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
を スイイ×	YES NO X
200. ACCIDENT WAS UNDERLYING CONDITIONS CONTRIBUTING TO DEATH BE OR CONTRIBUTING CAUSE OF DEATH BE OR CONTRIBUTING TO	URED. (Entar natura of injury in Part I or Part II of itam 18.)
OR CONTRIBUTING CAUSE OF DEATH	
20c. TIME OF INJURY Month, Day, Yaar 20d. INJURY OCCURRED 20a While Not While at work at work at work	PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stata)
Hour s.m. While Not While	factory, streat, offica bldg., atc.)
E p.m. 19 at work at work	
21. I certify that (I) (this-hospital) attended the deceased fr	om 1966, to 16 June, 1968, that (1) (we) last
1 - 1	that death occurred at//30PM, from the causes and on the date stated above.
22a. SIGNATURE ON O O	ATTENDING MED, STAFF SIGNED
I Temple & Doule MA	M.D. PHYS. DIRECTOR PHYS. 17 June 68
22c. PHYSICIAN'S	22d. ADDRESS
NAME (Typa) Prescoll C. Dovila Mt) 133 Locust St., Oxford, Pa. 19363
VOSSELL G' DOLLE' L'	
230. Donnya, and and a second	ERY OR CREMATORY 23d. LOCATION (City, town or county) (Stata)
REMOVAL (Spacity) Dune 19, 1968 Fair view	Contesyally Chater Co Ta
The state of the s	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS RISING SUN	MA. HILL DA 4000 Williams Verdage
Ralph in Red Kishe son	DATE UN 24 1900
	T. V.



O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate becauted within 24 haurs after death.

Page 4 may be retained by the haspital ar attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

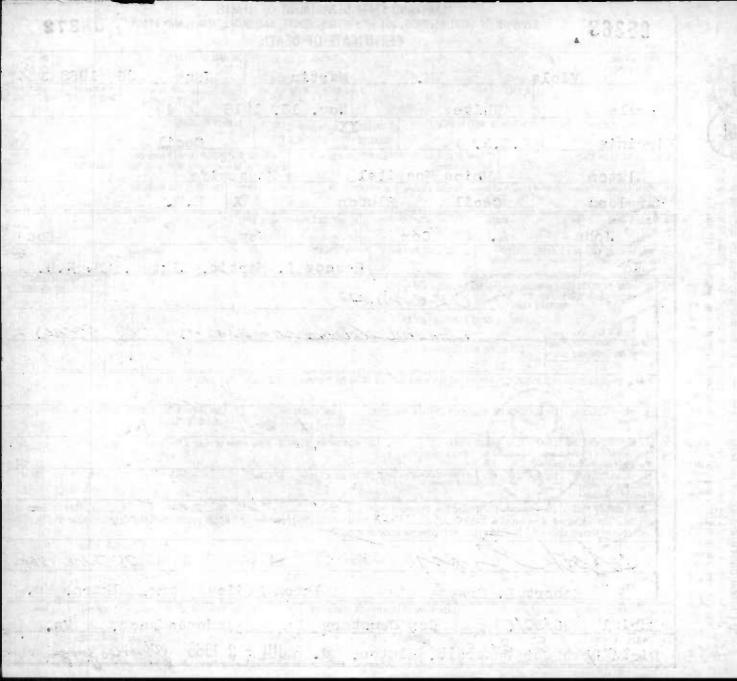
Item#8,Fi	lmG402 7/	5/68km	CERTIF	ICATE OF	DEATH	udd	63	0837	71
1. DECEASED-NAME (Type or print)	First Samuel	Middle Peter		Lost Malone	У	2a. DATE O	Month Di	1968	2b. HOUR
3. SEX Male	4. RA	Negro		S. DATE OF I		910	6. AGE (In years last birthday)	IF UNDER 1 YEAR MONTHS OAYS	IF UNDER 24 HRS. HOURS MIN.
70. BIRTHPLACE (Stote of country) S.Carolina 10. CITY OR TOWN OF D Perry Poir	EATH 1	U.S.A. 11. NAME OF HOSPITAL give street oddress	WIDOW LOR INSTITUTION		PRCED 12a. USUAI	OCCUPATION	DEATH Cecil (Kind of work done life, even if retired.)		BUSINESS OR emoval
	Where deceased lived,	if institution: Residence I	before 13c. CITY	OR TOWN	13d. INSIDE CITY LIM YES NO	ITS? 13e. ST	REET AND NUMBER 1 T St., 1		
	First Peter	Ma	lost loney		Jos	si eph i ne		Haye	Last S
Yes, no, or unknown)	R IN U.S. ARMED FORC	ES? 16b. SOCIAL SEC 249-14		7. INFORMANT VA Hosp	stal Re	cords,	Perry Po		MATE INTERVAL
18. CAUSE OF DE. PART 1. DEATI 15 / 9 Conditions, if any, rise to immediate stating the under	H WAS CAUSED BY: IMMEDIATE CAUSE DUE which gave cause (o),	TO, OR AS A CONSEQUEN	oma of s CE OF cated by	stomach v conflu both lo	ent bro	nchopn	eumonia	1½ ye	weeks
PART 2. OTHER SIGNATE OF OPERA		(c)		D TO THE TERMIN	OPSY?	20b. II	N IN PART I(a) F YES, WERE FINDINGS S OF DEATH? Yes	CONSIDERED IN CE	ERTIFYING
OR CONTRIBUTING [(If either, natify m	CAUSE OF OEATH edical examiner) RRED 21e. PLACE OF	b. TIME OF INJURY DUR A.M. Month Day P.M. INJURY (AT HOME, FARM, ST OFFICE BUILDING, E	Year 19 REEL FACTORY, 1 216	_	CURRED (Enter		ry in Port 1 or Port 2	, Item 18.) Caunty	State
causes sta	that (IV(this hasni	ital) attended the do	ereased from	April and that in to er death.	17, 19_6 %) (aur) apin	B_, ta_J ian death	accurred an the d	late and haur	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
22b. SIGNATURE 22d. PHYSICIAN'S NAME (Type)	B. ROTH	FEID, M.D.	D	EGREE ATTEND PHYS. 22e. AD	DRESS DI	RECTOR L	STAFF PHYS. XX	6-16-68 Md.	
230. BURIAL, CREMATION REMOVAL (Specify)	23b. DATE	68 23c. NA Vau	ME OF CEMETERY ghan Cer	OR CREMATORY			ON (City or Town) terboro	(County)	Stote).
24. FUNERAL DIRECTOR	Meson	Perryville.	DRESS Marvla	nd	2So. REC'D BY		2Sb. REGISTRAR	'S SIGNATURE	lak

VR A15 (4) 30M REV. 1/68

respected to Sing restriction, saying the Burner Sing restriction of the same states of t

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08368 38372 CERTIFICATE OF DEATH . DECEASED-NAME First 2a. DATE OF DEATH 2b. HOUR (Type or print) Month Viola Martin June 4 RACE S. DATE OF BIRTH LE LINDER 1 YEAR 3 SEX 6. AGE (In years last birthday) 1918 White Nov. 13. Female the death certificate be executed within 24 haurs 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED Virginia WIDOWED [DIVORCED [Cecil ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o, USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress)
Union H during most of working life, even if retired.)
Housewife ¥ Elkton and campletely 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 113c. CITY OR TOWN 13e. STREET AND NUMBER 13d INSIDE CITY LIMITS? 13b. COUNTY C 17 Elkton YES 🗀 NOT R.D. IS. MOTHER'S MAIDEN NAME First 14. FATHER'S NAME First Lost Middle John Cox Poe May 16b. SDCIAL SECURITY ND. 160 WAS DECEASED EVER IN U.S. ARMED EDRCES? 17. INFORMANT Address Yes, no, or unknown) (If yes give war or dates of service) burial-transit permit. Then pl burial, crematian, ar remaval, Roscoe L. Martin. Elkton. 18. CAUSE OF DEATH (Enter anly one cause per line far (a), (b), ond (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Columnes Nonepha 1715 Conditions, if ony, which gove) requires that rise ta immediate cause (a). signed by DUE TO, OR AS A CONSEQUENCE OF by the haspital ar attending physician. stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) as the priar tal has been 19a. DATE OF DPERATION 19b. CONDITION EDR WHICH DPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a. AUTOPSY? CAUSES OF DEATH? YES V NO T O FUNERAL DIRECTOR: After this certificate 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street of R.F.D. No. 21d INJURY OCCURRED City or Town State County While Nat while at work 22a. I certify that (1) (this hospital) ottended the deceased from 300, 1966, to 2007, 19, that (1) (week) last saw the deceased alive on 265000 1968, and that in (my) (week) opinion death occurred on the date and haur and from the be retained couses stoted above, (1) (we) (did not) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING MED. DIRECTOR STAFF PHYS. 28 June 1968. directar, page 3 shauld be filed v DEGREE PHYS. 22e. ADDRESS 22d PHYSICIAN'S NAME (Type) Elkton Medical Park, Elkton, Md. Robert 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) 23o. BURIAL, CREMATION (County) REMOYAL (Specify) 6/30/68 Cox Cemetery Independence. 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 30M REV, 1/68

unerals, Elkton, Md.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

FOR STATE		08369		MED	ICAL EXAMINE	R'S (CERTIFICATE (OF DEATH		3.5	373
HEALTH DEPT.		PLACE OF DEATH					2. USUAL RESIDENCE	(Where deceosed	lived, if institution	n: Residence b	pefare admission)
g e c 4.		Cecil			44 A D VI A 4		o. STATE Mary	and	b. COUN	TY Z	larford
nt of			utside corporate limits		MARYLAN		c. CITY OR TOWN (If o	Lanu	anian maian DUD.		
de 33 a de		write RURAL ond g	ve neorest tawn)	,		0				AL and give ne	orest town)
> 2		Perry Po			D.O.A.			de Gra	ice		
5 7 6		d. NAME OF HOSPITAL	OR INSTITUTION (If no	it in hospital,	give street address)		d. STREET ADDRESS				e. IS RESIDENCE ON A FARM?
= 8 5 77	V	eterans A	dministr	ation	Hospital		354 I	Bourbon	Street		YES NO
death. It	3.	NAME OF	Fir		Middle		Last	4. DATE	Month		Day Year
haurs after death Item 18. Give Page Office alang with 1and 2 with the Start death.		DECEASED (Type or print)	IVAN		M.	1	McMULLEN	OF DEATH		6	10 1968
Give Give ang w th the	S.		COLOR OR RACE		NEVER MARRIED [DATE OF BIRTH	9. A	GE (In years	IF UNDER 1 YEA	
alco alco		W. 2 .	1.0. 4 4	WIDOWED	DIVORCED [5-28-06	6	st birthday)	Manths Da	ys Haurs Min.
n l ice ice id 2 eat		USUAL OCCUPATION (G	White		IND OF BUSINESS OR		11. BIRTHPLACE (State			12 (17176)	N OF WHAT
haur Item Office I and 2	duri	ng most af working life		17 18	IDUSTRY 4	571		e di idieigli cooni	(4)	COUNT	RY?
T C S S T		Retired		1100	GER LEADER		MID			0.5	iA
within 24 haurs pencil in Item 18 caminer's Office le pages 1 and 2 v haurs affer death	13.	FATHER'S NAME					14. MOTHER'S MAIDEN	NAME			
l within 2 n pencil ii Examiner File page: 2 haurs af		scar McMi						Richard	lson		
ed vin in in II Ex	15.	WAS DECEASED EVER I	VU.S. ARMED FORCES? yes give war ar dates a	16.	SOCIAL SECURITY NO.	17. IN	FORMANT		Addres	S	
executed nding" ir Medical permit.	(16	no	yes give war ar dates a	1 Selvice)	SELECTION SELECTION	Ogi	car McMull	len. Son	. Risi	ne Sur	Md.
word "pending" ir word "pending" ir the Chief Medical I rial-transit permit. I			H (Enter only one cau	se per line far	(a), (b), and (c).)	00	, at morras	Leng Loui	44.44.4		INTERVAL BETWEEN
should be e ne word "per a the Chief I burial-transit		PART I. DEATH	WAS CAUSED BY:	0.5	LISHING	4	EBO IN	LILIAN		/	ONSET AND DEATH
d b d 'd Chi Chi		917V	IMMEDIATE CAUSE DUE		C 21.1.4	1		40,04		6	7
should word the Ch urial-tra any ev		Conditions, if any, w		The second	1 100 2 6 71		No en	1.12	A		MOV
		nse ta immediate o	nuse (n)	(b) 4-8" [1	DEX LIVE	6-11	NE WIN	PL-LIT			. 5.2
d ir		stating the underlyi	ng cause DUE	10							
ificat ting irded as g and		lost.	,	(c)							
This certificate slace, writing the be forwarded to be used as a buremaval, and in a	N	PART II. OTHER SIGN	IFICANT CONDITIONS CO	ONTRIBUTING '	TO DEATH BUT NOT RELATE	D TO TH	HE TERMINAL DISEASE CO	INDITION GIVEN I	V PART 1(a)		19. WAS AUTOPSY PERFORMED?
	CERTIFICATION	9103									YES NO
	TIFIC	20a. EXTERNAL CAUS		20b. DE	SCRIBE HOW INJURY OCCU	RRED. (E	nter nature of injury in	Part I ar Part II	af item 18.)		72
certific terrific hauld be lies. shauld an, ar r		PRIMARY Z or CONTR	IBUTING L	Zare	750 C, 1005	n 6	OFF FRAN	-INI	LOAD	定几	
INER. shaul shaul files. 3 shau tian,	MEDICAL	20c. TIME OF INJURY	Month, Day, Year	20d. II	NJURY OCCURRED 20		OF INJURY (Hame, far		ity ar tawn)	(County	(State)
	MED	Hour-part.	6/10 19	K While	Nat While at wark	fgcta	ry, street, affice bldg., etc	() P=	KYUCA	7	5CL
EXAM use 4 yaur yaur yaur yaur		p.m.				770	7027	11 6			77.0
MEDICAL Bellease exect director. Postoined for DIRECTOR: to burial,					mains described abav			Inspection			and in my opinia
rcal se exector. Posed for ned for ECTOR: burial,		deoth resulted	trom: Natura	causes [, Accident	Suicio			etermined mo	inner [_]	
MEDI lease direct staine DIREC to bu		ACTUAL	1/2	7	A C		CHIEF MEDICA	_			22. DATE SIGNED
, 0 - 2 - 1		SIGNATURE	Hym	-	んじついり		_ M.D.	DICAL EXAMINER			22. DATE STONED
EPUTY MEDI. sssory, please e funeral directal ay be retained ay be retained inRERAL DIRECT		EXAMINER'S	(0.	0 4 0 4			CAL EXAMINER			11/68
ecessary, pre funeral may be re FUNERAL ealth priar		NAME (Type)	12/20:	, 1.1	194/15 1710			et, city, rown or		(174	174
TO DEPUTY necessary, the funera 5 may be TO FUNERA Health pri	230	BURIAL, CREMATION,	23b. DATE THE	REOF	23c NAME OF CEMETER			23d. LOCAT	ION (City or Tow	(Co	unty) (Stote)
F		REMOVAL (Specify)	6 10	68	ROCK RON	1	EM.	HARF	ORD	Co	· Mpi
VR A15ME (S)	24	FUNERAL DIRECTOR	MAIL.	0 41	ADDRESS	di	2Sa. REC	D BY REGISTRAR	QCQ2Sb. REE	TRAP'S, SI	ATURALAGE
6M 1/67	T.	Madison	Mitchell	Ha	oude Since	11//	DATE J	NN TO	200		0

SESSION SANDERFORDER ALMANDE LA ACUMAZA DE LA CONTRACTOR DE CANTRACTOR D

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24 hours after death.

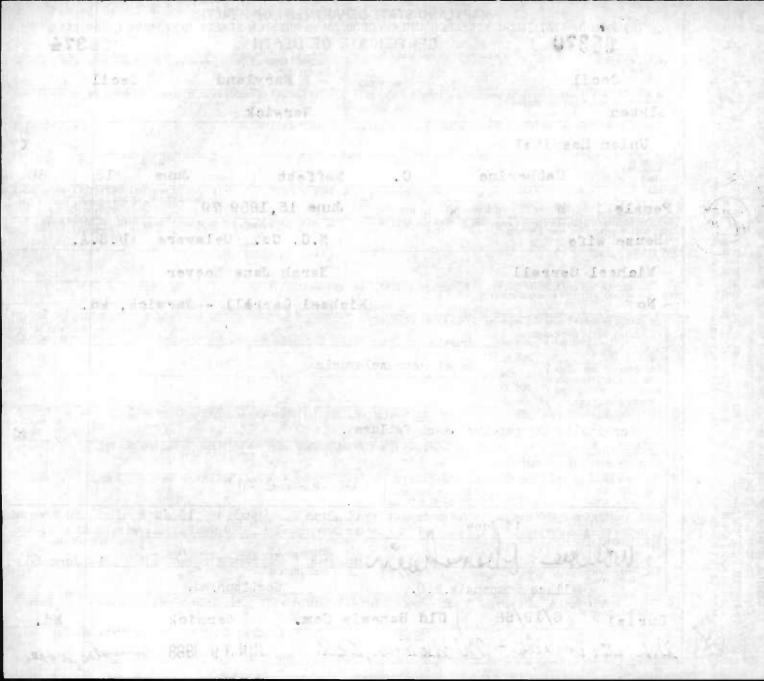
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the tuneral director, page 3 should be detached for use as the burial-transit permit. Then please redrote carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Page 4 may be retained by the hospital or attending physician.

TO HOSPITAL

VR A15 (4 15M 4-64

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

- V	0.0				-	
1. PLACE OF DEAT a. COUNTY	r cil	MARYLAND	2. USUAL RESIDEN	CE (Where deceased lived, If I	Institution: Residence	before admission)
b. CITY DR TOW write RURAL Elkton	VN (if outside corporate limits, and give nearest town)	c. LENGTH OF STAY IN 1b		f outside corporate limits, v		re nearest town)
Section 2 Section 2	SPITAL OR INSTITUTION (if not in ho Hespital	ospital, give street address)	d. STREET ADDRESS			ON A FARM?
3. NAME OF DECEASED (Type or print)	First Catherine	Middle C.	Last Meffett	4. DATE Mor	nth Day	Year 1968
5. SEX Female	6. COLOR OR RACE 7. MARRIED WIDDWED	MEASUR MINICIPALITY	8. DATE OF BIRTH June 15.1	last hirthday	Months Deys	
	TION (Give kind of work done 10b. King life, even if retired)	IND OF BUSINESS OR NDUSTRY		County & State, or foreign coun	try) 12. CITIZEN COUNTRY U.S.A.	OF WHAT
13. FATHER'S NAM	ME		14. MOTHER'S MAI	DEN NAME		
	el Carrell			ane Hoover		
15. WAS DECEASED (Yes, no. or unkown)	EVER IN U.S. ARMED FORCES? 16. (If yes give war or dates of service)		chael Car	rall - Warwi	ick, Md.	
	DEATH [Enter only one cause per li EATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Ur	ne for (a), (b), and (c).]			ONS	RVAL BETWEEN ET AND DEATH ne month
403 >	DUE TO		noi o	4.4.		
Conditions, If	uniy, trition (b)	nal neproscler	0818			
cause (a), s underlying cau	stating the DUE TO					
PARTILOTHER 5 44 term	SIGNIFICANT CONDITIONS CONTRIBUTE IN A LIVE CONTRIBUTE			DISEASE CONDITION GIVEN		WAS AUTOPSY PERFORMED?
- 1 · · · · · ·		DESCRIBE HOW INJURY OCC		of Injury In Part I or Part I		
	INJURY Month, Day, Year 20d. I	NJURY OCCURRED 20e, PL	ACE OF INJURY (Home,	farm, 20f. (City or town)	(County)	(State)
ZOC. TIME OF Hour a.	m. 19 While at work	- NOT WILLS -	ory, street, office bldg.,	etc.)		
21. I certi	fy that (I) (this hospital) attended	ed the deceased from 1	June ,	1968 to 15 Ju	ne, 1968, th	iat (I) (we) last
saw the de		and tha	it death occurred at	M, from the cause	22b. DATE SIG	e stated above.
Wo	ellow Her	MIREN M.		MED. STAFF PHYS.	□ 17 J	June 68
22c. PHYSICI NAME (1	AN'S Type) Wallace Obenshai	n.M.D.	22d. ADDRESS Ced	cilton, Md.		
23a. BURIAL, CREI REMOVAL (SP Burial	MATION, 23b. DATE THEREOF 6/19/68	23c. NAME OF CEMETER Old Behemi		23d. LOCATION (City,	town or county)	(Stete)
24. FUNERAL DIR		idd blown L	DATE O	EC'D BY REGISTRAR 25b.	REGISTRAR'S SIGN	IATURE
		/			77	



FOR STATE HEALTH DEPT.

of the Stor 5 may be retained far yaur files.

Page ny delay is 2, and 3 ta necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages **DICAL EXAMINER:** "This certificate shauld be executed within 24 haurs after death the funeral directar. Page 4 shauld be farwarded to the Chief Medical Examiner's Office alanged

O FUNERAL DIRECTOR: rage 3 strougu or used as a contract within 72 hours after death. Health prior to burial, cremation, ar remayal, and in any event within 72 hours after death. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with

MARYLAND STATE DEPARTMENT OF HEALTH 08371

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

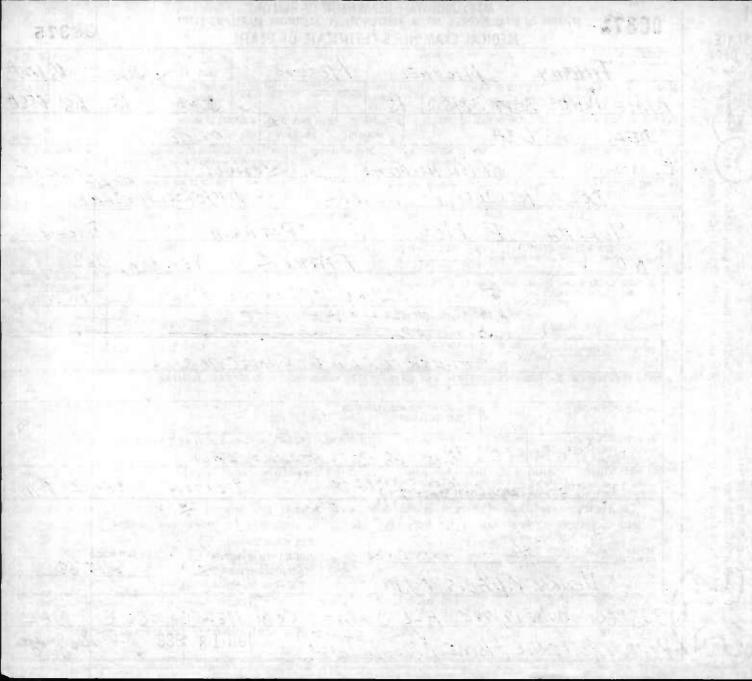
08375

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

		HILDIGAL	EMPHHILL 3	CEIGILICALI	. OI DE	7111		
	ECEASED-NAME Fire Type or Print) TIMOTH	11	Middle	Mos	ER	2a. DATE KNOWN OF ESTI- DEATH MATED	Manth Day Yeo	2b. HOUR
3. 5	EX 4. PACE	S. DATE OF BIRTH	6. AGE (In ye		IF UNDER 24	Zt. DAIL INCHOUNCED	DEAD	2d. HOUR
1	MALE N'HITE	SEPT. 3.K		YRS.	HOURS	a SUND	Day /5 Year 15	? 155A
70.	BIRTHPLACE (Stote or foreign	7b. CITIZEN OF WHAT CO		MARRIED NEVER N		9. COUNTY OF DEATH		
COOL	try)DEL.	USA	The second second second		ORCED 🗌	CECIL		Md.
10.	ITY OR TOWN OF DEATH			TION (If nat in hospit	ol 12a. US	UAL OCCUPATION (Kind of wor	k dane 12b. KIND OF	BUSINESS OR
E	LKVON	give street of	N HOSPOT	AL	130	most of working life, even if r	etired.) INDUSTRY	DENT
	USUAL RESIDENCE (Where deced	sed lived, if institution:	Residence before 13c.	CITY OR TOWN	13d. INSIDE CITY LI	The state of the s	/ /250	00P
0	dmissian) STATE	MEWCAST	TE VU	-WATER	YES NO	X MOROCKI	EDSE DRIVE	
14. [ATHER'S NAME First	Middle	Last	15. MOTHER'S M	AIDEN NAME	First Mid	dle	Lost
	MURTHA	1	10SER		PAT	PICIA	RIL	EY
	WAS DECEASED EVER IN U.S. ARMED		OCIAL SECURITY NO.	17. INFORMANT		ADDRESS	S	
	es, na prunknawn) (If yes giv	e war or dates of service)		1-AT	HER	- NEWA	RK, DEL	
	1B. CAUSE OF DEATH (Enter a	nly ane cause per line far	(a), (b), and (c).)					IMATE INTERVAL ONSET AND DEATH
	PART I. DEATH WAS CAUS	ED BY:	TURED .	SKULLT	RON	TAL BONZ		157
	8109	DUE NO. OF ASA	CONSEQUENCE OF CE	OMAN	DIBO	E	100	
	Conditions, if ony, which gave) (b) . A	- 4				1000	
	rise to immediate cause (a), stating the underlying cause	DUE TO, OR AS A	CONSEQUENCE OF	1) 17 1	VLOH	ICH AUTO		
	last.		PUCK T	RANDA	T GRA	OFC PASSING		
	PART 2. OTHER SIGNIFICANT CON	(1)		TED TO THE TERMINAL			TOTAL PROPERTY.	
z	8104							*
ATIO	19a. DATE OF OPERATION		ONDITION FOR WHICH	OPERATION			20. AUT	OPSY?
CERTIFICATION			WAS PERFORMED?				YES	□ NO X
	21a. EXTERNAL CAUSE WAS	21b. TIME OF INJURY		21c. HOW INJURY	OCCURRED (Ent	er noture af injury in Part 1 or	Port 2, Item 18.)	
MEDICAL	PRIMARY OR CONTRIBUTING	HOUR A.M. //	6/15 1968	CHUTO ST	RICK	TRAIN		
MED	21d. INJURY OCCURRED 21e.	PLACE OF INJURY (At hom	e form street	21f. LOCATION Street	et or R.F.D. No.	City or Town	County	State
-9	WHILE NOT WHILE AT WORK AT WORK	octory, office building, etc.	INTELSECT B	WEAR		ELKTON	CECIL	Mo
		took charge of the rei			oncy []	Inspection 🔀 Inc	puiry , and in	n my apinian
53	deoth resulted from:	Natural couses	Accident 🔀	~	Homicide			i my apiman
	acom resoned from.	~ /	J, Accident L				numer 🗀	
	ACTUAL	- Herry	Vilor	1 -	HEF MEDICAL E SSISTANT MEDIC		22b. DATE SIGNED	
	SIGNATURE	1		M.U.		EXAMINER X	611576	8
	EXAMINER'S HENR	Y V.DAUI	SMID			city, tawn, or county)	11/0	
230		. DATE		TERY OR CREMATORY		23d. LOCATION (City or Tow	rn) (County)	(State)
	3 EMOVAL (Specify)	NE 19,7968	ALI	SAINTC	CEM		1EC	DEL
24.	FUNERAL DIRECTOR		ADDRESS	Elurer	2Sa. REC'D		GISTRAR'S SIGNATURE	0
i	IDDIN FUNE	RAL HON	EML on	m / NI	DATE	JUN 18 1968	Junes	Judge
1	11/1/1/	1 / 0 / "	The Late Land Col	A LEWIS OF THE PARTY OF THE PAR			-	

VR A15ME (5) 10M REV. 1/68

TO DEPUTY



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 18376 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTHY DEPT. 1. DECEASED-NAME First Middle 2a. DATE KNOWN Month Year 2b. HOUR (Type or Print) OF James Kay Page 6 68 12:00 Noon DEATH MATED X 6. AGE (In years IF UNDER 1 YEAR 3. SEX 4. RACE S. DATE OF BIRTH IF UNDER 24 HRS State Department 2c. DATE PRONOUNCED DEAD 2d. HOUR pup last birthday) Day 7 M W 19 68 12:45 Nov. 18.1907 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH form country so Carolina ILSA Cecil County WIDOWED [DIVORCED [Give Poges 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work dane after death 12b. KIND OF BUSINESS OR give street address) durin@nost of working life, even if retired.) Elkton, Md. Union Hospital 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence befare 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER Maryland 13b. COUNTY Cecil Perryville Broad Street YES 🔲 NO 🔀 hours 1s. MOTHER'S MAIDEN NAME FIRST in Item Middle 14. FATHER'S NAME Last Page Price poges hours 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Mrs. Lois H. Page, Perryville, Md. 16b. SOCIAL SECURITY NO. pencil This certificate should be executed within (Yys. no, ar unknown) (If yes give war or dates of service) Unknown File .⊆ APPROXIMATE INTERVA within 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) permit. BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY Arteriosclerotic cardio vascular disease pending IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF buriol-transit Conditions, if any, which gave rise ta immediate cause (a), writing the word DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse = PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) removol nsed 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES X NO T the certificate, pe should be 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, Item 18.) 3 should HOUR A.M. MEDICAL PRIMARY OR CONTRIBUTING cremation, CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County State Page foctory, office building, etc.) WHILE NOT WHILE T 220. I certify that I took charge of the remains described above, held an Autopsy X. Inspection Inquiry and in my opinian the funeral director. Accident . Natural causes X deoth resulted fram: Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b, DATE SIGNED ASSISTANT MEDICAL EXAMINER O DEPUTY June 8,1968 Werner DEPUTY MEDICAL EXAMINER **EXAMINER'S** Health NAME (Type) ADDRESS(Street, city, tawn, ar county) 0 23a. BURIAL CREMATION. 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE 23d. LOCATION (City or Town) (County) Principio Meth. (emetery) 2Sb. REGISTRAR'S SIGNATURI

MARYLAND STATE DEPARTMENT OF HEALTH

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Mary William	Salamin Salamin		
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	083	73		CI	ERTIFICA	TE OF DEA	TH			0837	7	
	DECEASED-NAME	First		Middle		Lost	20.	DATE OF DEATH		V	2b. HC	UR
	(Type ar print)	Mary		Eunice		inkerto	n e	June ^	lonth 28 Day	1968	9	PM
3.	SEX		4. RACE		S.	DATE OF BIRTH			GE (In years birthday)	MONTHS OAYS	IF UNDER 24	HRS.
	Female		White			105		62	YRS.			
	BIRTHPLACE (Stote untry)		7b. CITIZEN OF WHA			NEVER MARRIED] [INTY OF DEAT				
	Marvl	and	U. S. A		WIDOWED	DIVORCED		ecil (Md.
	CITY OR TOWN OF			ME OF HOSPITAL OR INSTI	TUTION (If not				of work done ven if retired.)	12b. KIND OF INDUSTRY	BUSINESS O	R
	North E			R.D.	#1				ven if retired.)	Own I	lome	
adı adı	nissian) STATE	(Where decease	135 COUNTY		13c. CITY OR TO	VEC	DE CITY LIMITS?	R.D.	ND NUMBER			
14	FATHER'S NAME	First	Middle	ecil	Vorth	MOTHER'S MAIDEN N	X-	It.D.	77 1 Middle		1	
14.					15. /					160	Lost	
16	Charle		Whitloc	:K. 16b. SOCIAL SECURITY NO	117 INF	Pear:	La		Address	Mumfor	ad	-
10	Yes, no, or unknow	n) (If yes give wo	r or dates of service)			oss Pin	least or	Nor	th Eas	t Md.	p n	
=				None for (a), (b), and (c).)		DSS FIIII	VET COL	1 1001	UII Las	APPROXI.	MATE INTERVAL	
		ATH WAS CAUSED	BY:	frar (a), (b), and (c).)		0: 1	O La	D	0.	BETWEEN C	INSET AND DEA	TH
	410	IMMEDIA.	E CAUSE (a)	A CONCEDITOR OF			, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(سريات			
	Conditions, if or	v. which gove	DUE TO, OR AS	A CONSEQUENCE OF	O A	1.1		V				
	rise to immedi	ate cause (a),	(b)	A CONSEQUENCE OF	•	· 0						_
П	stoting the und	erlying couse	/c)	A CONSEQUENCE OF								
	PART 2. OTHER	SIGNIFICANT CON	OITIONS CONTRIBUT	ING TO DEATH BUT NOT	RELATED TO T	HE TERMINAL DISEA	SE OR CONDITI	ON GIVEN IN P	ART I(a)			
١,	4201											
CEPTIEICATION	19a. DATE OF OPE	RATION 19b. C	ONDITION FOR WHIC	H OPERATION WAS PERF	ORMED	20a. AUTOPSY?			WERE FINDINGS CO	ONSIDERED IN C	ERTIFYING	
TIELC						YES 🗀	NO 🗌	CAUSES OF D	EATH?			
					21c. HOW	INJURY OCCURRED	(Enter nature	e of injury in F	art 1 ar Port 2, I	tem 1B.)		
MEDICAL	or CONTRIBUTING	medical examin		Month Day Yeor								
ME	ZIG. INJUNI OC	URRED 21e.		AT HOME, FARM, STREET, FACTO OFFICE BUILDING, ETC.	RY.) 21f. LOCA	TION Street or R.	F.D. Na.	City or Ta	wn	Caunty	Sta	te
	While Nat v	AIIII C		Trice boilding, era			110					
Н	22a. I certify	that (I) (this	haspital) atte	nded the decoased	fram	med	190.		, 19_	, that	(i) (we)	last
L	saw the	deceased al	ve an	did nat) view the bo	adv after de	that in (my) (ou	r) opinian	death accur	red on the da	te and hour	ond from	n the
	225 SGNATURE	siuteu ubuve	(i) (w ()(uiu) (ulu liui) view lile bi	dy uner de	diii.		-	220 [ATE SIGNED		
ı	(4		PLA ×	Leute	DEGREE	ATTENDING PHYS.	MED. DIRECTO	R STAI		why	1.1	95
	22d. PHYSICIAN	5	1.00			22e. ADDRESS	DIRECTO	, - 1111	1	4		10
	NAME (Type	Ernes	t W. Se	iter		Ris	ing S	un. M	aryland	V		
23	a. BURIAL, CREMAT	ON, 23b. D		23c. NAME OF CE	METERY OR CR				y ar Tawn)	(County)	(Stote)	
-	BURIA.	y) 7_7	-1968	Faggs	Manor	Cem.	Ru	ssell	ville	Chest	er P	a.
12	FUNERAL DIRECTO	Residence	Ale. Ma	ADDRESS	1	2Sa. I	REC'D BY REGI	STRAR 2	Sb. REGISTRAR'S	SIGNATURE	7	
15	wow	6/1/-1	pouse	Rising	Sun.	Md . du	1 - 3	1968	Missela	ocola!		

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pages, should be filed with the State Dept. of Health prior to burial, cremation, or removol, and in any event, within 72 had VR A15 (4) 30M REV. 1/68

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10 HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24 hours afte<u>r d</u>eath.

Page 4 moy be retoined by the hospital or attending physicion.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

3	8	3	7	8
-	-	-	4	-

	ECEASED-NAME First	Middle	Lost	20. DATE OF DEATH	2b. HOU				
,,	Type or print) WILI	LIAM ARTHUR	RITNER	Month 6 Doy	8 Year 8:00				
3. SE	X	4. RACE	S. DATE OF BIRTH	6. AGE (In yeors	IF UNDER 1 YEAR IF UNDER 24 H				
	Male	White	12-21-08		MONTHS DATS HOURS M				
7o. I	BIRTHPLACE (Stote or foreign		8. MARRIED NEVER MARRIED	9. COUNTY OF DEATH					
cour	New York USA WIDOWED DIVORCED & Cecil								
10. 0	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INST	TITUTION (If not in hospital 120. US	SUAL OCCUPATION (Kind of work done	12b. KIND OF BUSINESS OR				
5	Perry Point	veterans Adm	inistration during	most of working life, even if retired.)	INDUSTRY				
		ed lived, if institution: Residence before							
oam	ission) STATE D.C.	13b. COUNTY	Washington YES	NO□ 1708 16th St	., N.W.				
14. 1	FATHER'S NAME First	Middle Lost	IS. MOTHER'S MAIDEN NAME	First Middle	Lost				
	William			Ellen	Culley				
160	. WAS DECEASED EVER IN U.S. ARM	1		Address					
	(es. no. or unknown) (If yes give w	V 11 102-03-181	5 VH Hospital F	Records, Perry Poin	APPROXIMATE INTERVAL				
	18. CAUSE OF DEATH (Enter on	ly one couse per line for (o), (b), and (c).)			BETWEEN ONSET AND DEATH				
	PART I. DEATH WAS CAUSE IMMEDIA	ATE CAUSE (0) Malignant	Cachexia		Months				
	1541	DUE TO, OR AS A CONSEQUENCE OF							
	Conditions, if ony, which gove in rise to immediate couse (a), (of Rectum with Pe		3 Years				
	stoting the underlying couse	DUE TO, OR AS A CONSEQUENCE OF	Extension through	hout Pelvis					
	lost.	(c)							
	PART 2. OTHER SIGNIFICANT COI	NDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE C	RCONDITION GIVEN IN PART I(o)					
NO.	10- DATE OF OPPRATION LIGH	CONDITION FOR WHICH OPERATION WAS DEE	FORMER 20- ALITOREYO	20b. IF YES, WERE FINDINGS CO	MICIDEDED IN CEDTIEVING				
CERTIFICATION	190. DATE OF OPERATION 196.	CONDITION FOR WHICH OPERATION WAS PER	FORMED 20a. AUTOPSY? YES [X] NO	CAUSES OF DEATH?	DUZIDEKED IN CEKTIFTING				
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT		21c. HOW INJURY OCCURRED (E	nter noture of injury in Port 1 or Port 2, I	tem 18.)				
MEDICAL	(If either, notify medical exami	ner) P.M. 19							
W	21d. INJURY OCCURRED 21e.	PLACE OF INJURY (AT HOME, FARM, STREET, FACT	ORY,) 21f. LOCATION Street or R.F.D.	No. City or Town	County State				
	While Not while of work			7/	/ B				
10	22a. I certify that XIX (th	is hospital) ottended the deceose	d from Oct 19, , 19	ob, to June 18, 19	to and hour and from				
	causes stoted obove	e, (I) (www.t.(did) (which was the b	oody after death.	Abunou acom occorred on the 00	ie oliu liool oliu liolii				
	22b. SIGNATURE				DATE SIGNED				
	(V.F.)	Mooney M. I	DEGREE PHYS.	MED. STAFF DIRECTOR PHYS. 20 6-	18-68				
	22d. PHYSICIAN'S NAME (Type) A		22e. ADDRESS						
	A.	MOONEY, VM.D.	VA Host	oital, Perry Point,	Md.				
230.	BURIDY, CREMATION, 23b.	DATE 23c NAME OF	EMETERY OR CREMATORY	23d OCATION (City or Town)	(County) (Store)				
1/	-Kereal ale	121/1968 Kestoe	spendet. (em	ulaspon	1a.				
04	FUNERAL DIRECTOR	Innorce Connect	OC DECIS	BY REGISTRAR'S 256. REGISTRAR'S	SIGNATURE LANGE				

87286	Comment Labor				· · · · · · · · · · · · · · · · · · ·
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	and the second	3			
	6867 8 8 8	Ment		E 3'200'	20 os

TO FUNERAL DIRECTOR: After this certificate hos been signed by the ottending physicion and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremotion, or removal, and in ony event, within 72 hours after death.

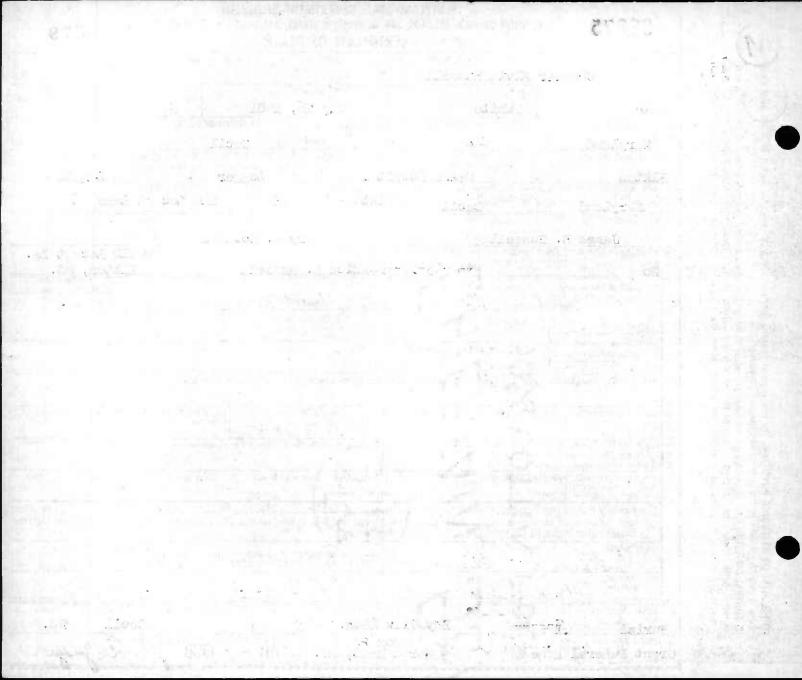
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hou

Poge 4 moy be retained by the hospital or ottending physicion.

VR A15 30M REV. (X68)

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

US	373	DIVISION OF	VIIAL KECUKDS,	CERTIFIC			MUKE, MI	AKTLANU 2	1201	083	79
DECEASED-NA (Type or pri	140	er Alvin 1	Middle Russell		Lost		2o. DATE (OF DEATH Month	L Doy à	28 Year C	2b. HOUR
3. SEX	- 11.00	4. RACE			S. DATE OF E	BIRTH		6. AGE (In y		F UNDER 1 YEAR	IF UNOER 24 HRS.
Male		White	9		May 2	26, 19 0 1	-	last birthdo	YRS.	ONTHS DAYS	HOURS MIN.
7o. BIRTHPLACE country)	(Stote or foreign	7b. CITIZEN OF WH			NEVER MA	KKIED .	. COUNTY C	OF DEATH	4 1		
	yland		SA	WIDOWED			Cecil				Md.
10. CITY OR TO		11. NA give s	ME OF HOSPITAL OR IN treet oddress) Union Hos		at in haspital	during mos		N (Kind of war ng life, even if r		12b. KIND 0 INDUSTRY	OF BUSINESS OR
13a. USUAL RES	SIDENCE (Where deced				TOWN	13d. INSIDE CITY LIMI		STREET AND NUT	MBER	-AM-00	
odmission) SI Ma	7	13b. COUNTY	Cecil	Elkto	on	YES X NO	□ 2	10 Locu	ıst La	ne	
14. FATHER'S N	AME First	Middle	Lost	1	S. MOTHER'S N	IAIDEN NAME Firs	st	N	Aiddle		Lost
	James B.					ry E. B	oulde	n		_	
16o. WAS DECE Yes, no, or u	ASED EVER IN U.S. AF	MED FORCES? war or dates of service)	16b. SOCIAL SECURITY		INFORMANT			A	ddress 210	Locu	ist La.
No	TIKTIO VIII)	, , , , , , , , , , , , , , , , , , , ,	@L 213-58	3-451A	LICE E.	Russel	1		Elk	ton,	Md.
	E OF DEATH (Enter of									APPRO BETWEEN	XIMATE INTERVAL I ONSET AND DEATH
PAR	T I. DEATH WAS CAUS IMMED	IATE CAUSE (o)	Irteriosc	. (ersti	c 48	ert Di-	5625	2		400	15
41	29		S A CONSEQUENCE OF								
Canditian	is, if only, which gove n mediote couse (a),	(b)									
	he underlying couse		A CONSEQUENCE OF								
<u>last</u> .		(c)									
470	OTHER SIGNIFICANT CO	Nona	ING TO DEATH BUT N	IOT RELATED T	O THE TERMIN	AL DISEASE OR CO	NDITION GIV	/EN IN PART 1(a)		
190. DATE	OF OPERATION 198	. CONDITION FOR WHI	CH OPERATION WAS P	ERFORMED	20o. AUT		CAUS	IF YES, WERE FILES OF DEATH?	NDINGS CON	SIDERED IN	CERTIFYING
21a. ACCI	DENT WAS UNDERLY	ING 21b. TIME OF	INJURY	21c. H	OW INJURY OF	CURRED (Enter r		iury in Port 1 a	r Port 2. Ite	m 18.)	
(If either,	RIBUTING CAUSE OF OE notify medical exam	niner) P.M.		9				,	,	,	100
While at work	at work	e. PLACE OF INJURY				et ar R.F.D. No.		ty or Town		County	State
so	certify that (I) (t w the deceased	alive on	-28-	1965, an	d that in (r	√, 19 <u>८)</u> ny) (our) apin	, ta ion death	occurred or	, 19 <u>6</u> the date	fand have	ot (I) (we) lost r and from the
	uses stated obov	re, (I) (we) (did) (did not) view the	body after	deoth.						
22b. SIGN	ATURE Markon	9-4	eman "	n O. DEGI	REE PHYS.	NG MEI	D. RECTOR	STAFF PHYS.		TE SIGNED	5
22d. PHY NAM	SICIAN'S ME (Type) Tillm	en D So	huson r	1.0	22e. AD	Singer	rly A	IVE E	lkton	, 4	d
23a. BURIAL, C	REMATION, 23b	DATE 7-2-	S8 23c. NAME OF	CEMETERY OR	CREMATORY		23d. LOCAT	TION (City ar To	wn)	(Caunty)	(Stote)
REMOVAL Buria	(Specify)	-2-68	Bay V	iew Me	th.				Ceci		Md.
24. FUNERAL I	_ // 1/20	ome PCz		Box 2		250. REC'D BY	REGISTRAR	~~~	GISTRAR'S SI		dak
			2100	24000		DAILY	N			VA	- 4



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201-

			No. of the last of	CERTIFICA	ALE OF DEATH				
		CEASED-NAME First	Middle		Last	2a. DATE OF			2b. HOUR
	(1	ype ar print)	RRY SCOTT			Ju	ne 17.196	oy Year 68	4:30
	3. SE	X	4. RACE		S. DATE OF BIRTH		6 AGE (In years	IF UNDER 1 YEAR	IF UNDER 24 HA
32	10	Male	Negro		2-25-22		last birthday) 46 YRS.	MONTHS DAYS	HOURS MI
	7a. E	IRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED	NEVER MARRIED	9. COUNTY OF	DEATH		
	Cuui	9. C.	U.S.A.	WIDOWED			Cecil		
1	10. C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OF	R INSTITUTION (If na	t in haspital 12a. US		(Kind of wark dane		BUSINESS OR
13		erry Point	give street address) Veterans A		ation Stat	ion Cle	life, even if retired.) Ener	INDUSTRY	
1-	13a.	USUAL RESIDENCE (Where deceasesian) STATE	sed lived, if institution: Residence bef	. /			REET AND NUMBER		
-7	duilli	DC DC	13B. COUNTY	Washin	ngton YES	VO ☐ 400	Chesapea	ke St.,S	E.
3	2.0	ATHER'S NAME First	Middle Las	it 1S.	MOTHER'S MAIDEN NAME	First	Middle	11.00	Last
		illie Scott			Sarah	Starkes			
	16a.	WAS DECEASED EVER IN U.S. ARI es, na, ar unknawn) (If yes give y	var or dates of service)		FORMANT		Address		
		yes WW	II 57838344	00 Rec	cords VAH,	Perry P	oint, Mar	yland	
		18. CAUSE OF DEATH (Enter on	ly ane cause per line far (a), (b), and	(c).)					imate interval Diset and death
		PART I. DEATH WAS CAUSE	D BY: ATE CAUSE (o) <u>Malignan</u>	t hyper	tension			- 177	
3	33	400.0	DUE TO, OR AS A CONSEQUENCE			4 4 18	Year Town		
P	907	Canditians, if any, which gave							
		rise to immediate cause (a), stating the underlying cause	DUE TO, OR AS A CONSEQUENCE	OF					4 4
		last.	(c)						
		PART 2. OTHER SIGNIFICANT COM	NDITIONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO	THE TERMINAL DISEASE OF	CONDITION GIVE	I IN PART 1(a)		1/4-1
	N	445 X							
	CERTIFICATION	19a. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WA	S PERFORMED	20a. AUTOPSY?		YES, WERE FINDINGS	CONSIDERED IN C	ERTIFYING
2	STIFI(YES NO 5	CAUSES	OF DEATH?		
		21a. ACCIDENT WAS UNDERLYIN	E I DI TIME OF THE OWN	21c. HO	W INJURY OCCURRED (En	er nature af inju	y in Part 1 ar Part 2,	, Item 18.)	
	MEDICAL	DR CONTRIBUTING CAUSE DF DEA'		ear 19					
	ME	21d. INJURY OCCURRED 21e.	PLACE OF INJURY (AT HOME, FARM, STREE	T, FACTORY.) 21f. LOG	CATION Street or R.F.D. N	la. City	ar Tawn	Caunty	State
		While Nat while at wark							
		220. I certify that What h	is hospital) attended the dece	eased from	May 21 , 19	60 , to	June I/, 19	9 <u>66</u> , tKor	CANCANO C
	Е,	soxxxiveculexecusexi xo	divexproxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	edber, and	that in (my) (our) o	pinian death o	ccurred on the d	ate ond hour	ond fram
ì		22b. SIGNATURE	e' trixi me) (ajahtaranat niem i	ne baay affer a	eum.		1 22-	DATE CICHED	
	-	ZZU. SIGNATURE	0.00	DEGRE	ATTENDING D	MED. DIRECTOR	STAFF PHYS.	6-17-6	8
		22d. PHYSICIAN'S	en u	DEOKE	22e. ADDRESS	DIKECTOR -	PAILS.		
1			E. FOLK, M.D.		VA Hospita	1. Perr	y Point. N	Maryland	
	230	BURIAL, CREMATION, 23b.		OF CEMETERY OR (N (City or Jawn)	(Caunty)	(State)
	200.	REMOVAL (Specify) Removal	-21-68 13	alt	101/1	4/2	et	(000117)	(1)
	24.	FUNERAL DIRECTOR 2	Miller ADDR	RESS	250. REC'D	BY REGISTRAR	2Sb. REGISTRAR	S SIGNATURE	~
3			1 Home, Washing	ton. DC	DATE	N 2 5 19	68 gelio	was Ju	ye
			, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		2010	1	- 1		4

UNCOME AND ADDRESS OF THE PROPERTY OF THE PROP Practice Junearal Tone, Meanington, W. 1982 P. 1988 P. 1988

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

08381

	CEASED-NAME	hirst	Middle		Last		Zo. DAIL OF D				2b. HOUR
(1	ype or print)	James	F.		Smith			Month	Doy	Year	2/ 20 12 M
3. SE	Χ	4. RACE			S. DATE OF B	IRTH2		6. AGE (In years	IF U	INDER 1 YEAR	IF UNCER 24 HRS.
	Male	W	hite		Nov.	2, 190	2	6. AGE (In years last birthday) 65	rs. Man	THS CIAYS	HOURS MIN.
7a. E	BIRTHPLACE (State or fo		F WHAT COUNTRY?	8. MAPPI	ED NEVER MA		COUNTY OF D				
cour	irginia	U.S.	Δ	WIDOW		RCED 🗀	Cec	17			Md
0. 0	ITY OR TOWN OF DEAT	TH 11	1. NAME OF HOSPITAL OR				_	Kind of work do	ne I	2b. KIND OF	BUSINESS OR
	Elkton	9	give street address) Union Hos	m3+0'	7	during most	of working li	fe, even if retire	d) 1	NDUSTRY	
		ere deceased lived, if ins	titution: Residence before	DIG CITY	OP TOWN	13d. INSIDE CITY LIMITS	mbler	ET AND NUMBER		hrys	rer
odmi	ssion) STATE Marylan	d 13b. coun			kt on	YES NO	_ 100. 5110	nstown		D	0 45
		rst Midd				AIDEN NAME First	V 0011	Middle		· n.	
14. F					13. MUTHER 3 M			MIDDIN			Lost
1.1		nton	Smit	h	7 11500115117	Amel	ia			erfl:	nger
160. Y	es, na. or unknown)	N U.S. ARMED FORCES? (If yes give war ar dates of service	16b. SOCIAL SECURIT		7. INFORMÁNT			Addres			
	es, na, or unknown) NO		170-07-	1135	Mrs. A	nna M.	Smit	h, Elk	ton,	Md	
		(Enter anly one couse p	er line for (o), (b), and (c).)						BETWEEN (MATE INTERVAL DISET AND GEATH
	PART I. DEATH V	VAS CAUSED BY: IMMEDIATE CAUSE (a) _	Uramiz							3 w	43
	4129		OR AS A CONSEQUENCE C	F							-
									- 4	Yeers	
	rise to immediate cause (a), stating the underlying cause (b) Nephrozic / Cross S DUE TO, OR AS A CONSEQUENCE OF									-	
	last.	and the shadiling coose									
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(o)										
_	446 X1	Arteriose	landia 1-	11	2 P	. /.	- 1	1 1:			
III	190. DATE OF OPERATIO		WHICH OPERATION WAS	PERFORMED	20a. AUT	DPSY?	20b. IF Y	ES, WERE FINDIN	GS CONSII	DERED IN C	ERTIFYING
CERTIFICATION					YES			OF DEATH?			
CERT	21g. ACCIDENT WAS	UNDERLYING 216 TIM	NE OF INJURY	216		CURRED (Enter no	ature of injury	in Part 1 or Par	t 2 Item	181	
B	OR CONTRIBUTING	CAUSE OF DEATH HOUR A	.M. Month Doy Yes	or	HOW MOOK! OC	course (enter the	atore or infory	111111111111111111111111111111111111111	2, 11001	10.)	
MEDICAL	(If either, notify med 21d. INJURY OCCURRI		M.	19	C LOCATION CA	D.C.D. No.	Church	. T			Stote
	While Not while of work	ZIE. PLACE OF INJU	RY (AT HOME, FARM, STREET, OFFICE BUILDING, ETC.	Z	I. LUCATION STRE	et of K.F.D. No.	City o	r Iown	(c	ounty	21016
1	at work of work	. 40 401: 1		1.	.,	1075			10.07		40.4.1.1
	22a. I certify that (I) (this haspital) attended the deceased fram 4-9-, 1968, ta 6-1-, 1968, that (I) (we) last saw the deceased alive an 6-1-19-, and that in (my) (aur) apinian death accurred an the date and hour and fram the										
	saw the deceased alive an										
	22b. SIGNATURE	111	00	0 000) 011				1.30	22c. DATE	SIGNED	
	Vi	111 X	XI		EGREE PHYS.	NG DIRE	CTOR -	STAFF PHYS.		5-6	5
	22d. PHYSICIAN'S	Valent .	- Jacobs		22e. AD	PINE	CTOR —	11113. — [-	, 0	
	NAME (Type)	Tillman I	Sobuse	· 24		3 Singe	1/- A	Vr. E	14	Sn. 1	406
230	BURIAL, CREMATION,	23b. DATE			OR CREMATORY		_/	(City or Tawn)		ounty)	(State)
20U.	REMOVAL (Specify)	6/5/68						, ,	1		,
	FUNERAL DIRECTOR	10/0/08	// CADDRE		TT Metr	2So. REC'D BY	EGISTRAR 4	Cherr 28 REGIVE	ARAGIES	COLUMN TO	Mole
2.4.	. Jaly	fr 6. 1	reces		3/1/2	101 JUI	I DI	200	- W 2 2104	0	0

funeral and 2 IO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion ond completely director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon should be filed with the State Dept. of Health prior to burial, cremation, or removol, and in any event, with Page 4 may be retained by the hospital or ottending physician.

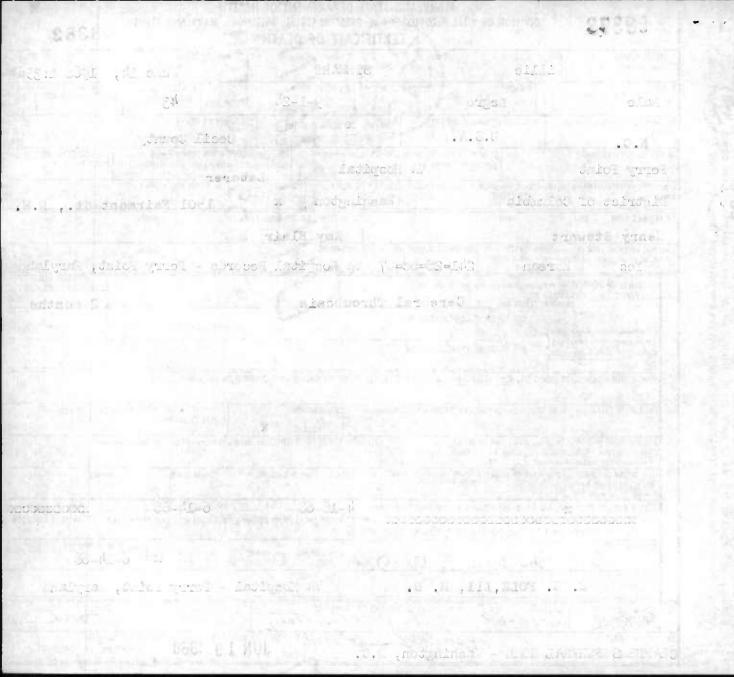
30M REV

ACTION OF THE PROPERTY OF THE

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

				221/11111	CAIL OI DEATI					
and 2 death.		CEASED-NAME First YPE or print) Wil	Middle lie	SI	Lost PEWART	2a. DATE OF	Month P	, 19 68	2b. HOUR	
E.	3. SE	x Male	4. RACE Negro		S. DATE OF BIRTH 9-1-24		6. AGE (In years last birthday)	IF UNDER 1 YEAR MONTHS DAYS	HOURS MIN.	
hin 72 hour	10. (N.C. ITY OR TOWN OF DEATH	U.S.A. 11. NAME OF HOSPITAL OR INS	WIDOWED	WIDOWED DIVORCED TITUTION (If not in hospitol 12a. USUA		9. COUNTY OF DEATH Cecil County IAL OCCUPATION (Kind of work done		Mo 12b. KIND OF BUSINESS OR INDUSTRY	
n say event, within	13a.	istrict of Colu	d lived, if institution: Residence before	+	R TOWN 13d. INSIDE CIT	Y LIMITS? 13e. STR	ife, even if retired.) EET AND NUMBER SOL Fairm Middle		N.W.	
an, ar removal, and in sc		ATHER'S NAME First Henry Stewart	Middle Lost		S. MOTHER'S MAIDEN NAME Amy Blair		Middle		LOST	
	16a.	WAS DECEASED EVER IN U.S. ARME es, no or unknown) (If yes give wor YES KOTE	1		INFORMANT	n	Address	2 1 2/-	7 - 7	
	-	18. CAUSE OF DEATH (Enter only	ane cause per line far (o), (b), and (c).		/A Hospital	Records	- Perry Po	APPROXIA	MATE INTERVAL NSET AND DEATH	
rial, crematian, ar remova		Canditions, if ony, which gove rise to immediate cause (a), stating the underlying couse last.	E CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c)					2 mo	nths	
2	CERTIFICATION	332 X 19a. DATE OF OPERATION 19b. Co	ONTRIBUTING TO DEATH BUT N	RFORMED	20a. AUTOPSY? YES NO	20b. IF CAUSES	YES, WERE FINDINGS OF DEATH?		RTIFYING	
	MEDICAL	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, natify medical examine 21d. INJURY OCCURRED 21e. P. While Of Control of	HOUR A.M. Manth Day Year P.M.	9	OCATION Street or R.F.D.		y in Part 1 or Part 2, or Tawn	County	State	
		odwythoxdexonsex out	haspital) attended the deceoses	Xx_, an	nd that in (my) (our) o	, ta_6 ppinion death o		thek ote and haur	(1) chreckles and from the	
	1	22b. SIGNATURE		DDEG	REE PHYS.	MED. DIRECTOR	STAFF PHYS.	DATE SIGNED 5-14-68	5 m d	
P	230.			CEMETERY OF	R CREMATORY Cornetery		erry Point	(County)	(State)	
1/68	-	FUNERAL DIRECTOR AMBERS FUNERAL	HOME - Washington	, D.C		BY REGISTRAR	1968 REGISTRAR'S	SIGNATURE S	uge	



VR A15 (4) 30M REV. 1/68

R. T. JONES

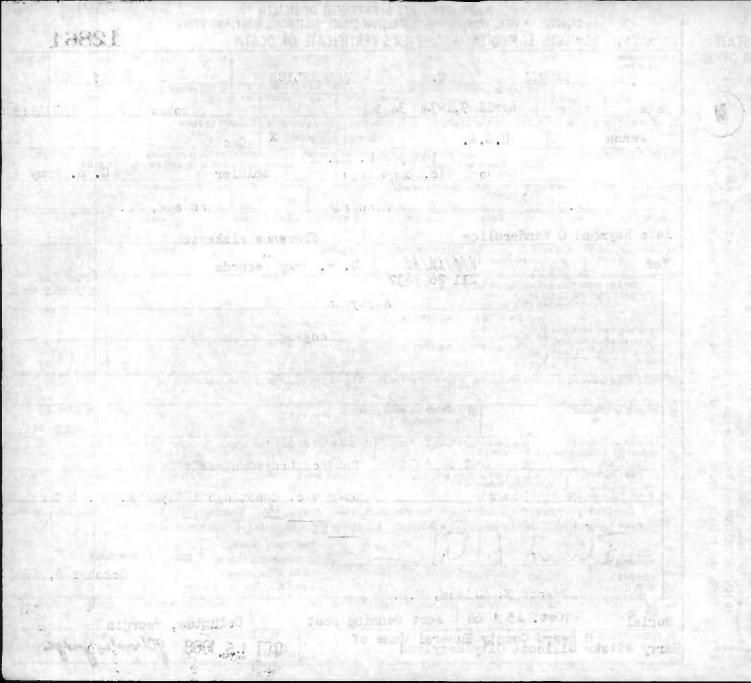
ADDRESS Newark, Del. 2Sg. REC'D BY REGISTRAR 2Sb. F

25b. REGISTRAP'S SIGNATURE

¥888 The state of the s A.G., compc fints on Co.Lo.s .. ouniceitel aline en de como SELLEGE DE SANCE v v series established are the contraction of the c elgagescop elle aptocci in se ploise, some The state of the s

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Item#2a. FilmGh05 10MEDIGALIEXAMINER'S CERTIFICATE OF DEATH 12861 FOR STATE HEALTH DEPT. 1. DECEASED-NAME First Middle 20 DATE KNOWN Month 2b. HOUR delay is and 3 to Page (Type or Print) ESTI-ROBERT VANDERSLICE DEATH MATED & 168 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD 3 SEX 4 RACE S DATE OF BIRTH 2d. HOUR (net birthday) 2, and PM3. 34 885 White April 9.1934 Ma 1w 19 68 111 - 90 October 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH farm Give Pages 1, country) Penna DIVORCED A U.S.A. WIDOWED [Cecil ate 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITA OR INSTITUTION (If no in hospital 120. USUAL OCCUPATION (Kind of work done with 2b. KIND OF BUSINESS OR give street oddress during most of working life, even if refired.) NDUSTRY S woods vic. Conowingo alang 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 3 13b. COUNTY admission) STATE in Item 18. YES NO Avandale Avandale. and 2 Office after 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME late Raymond O Vanderslice Florence Pinkerton Examiner's hours 160. WAS DECEASED EVER IN U.S. ARMED FORCES? pencil 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (Yes no, or unknown) (If yes give war or dates of service) KØB/XK/BØX U. S. Army ecords File CAUSE OF DEATH (Enter only one cause per line for to), to), and to APPROXIMATE INTERVAL .= within be executed permit. BETWEEN ONSET AND DEATH Chief Medical PART I. DEATH WAS CAUSED BY: "pending" Asphyxia IMMEDIATE CAUSE (a). event DUE TO OR AS A CONSEQUENCE OF burial-transit Conditions, if any, which gove hanging rise to immediate couse (a). certificate shauld writing the ward DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse .⊑ pup PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 SD remaval, used 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? XXX3Y execute the certificate. pe 210. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING 21b. TIME OF INJURY Month. Dov. Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 ar Part 2, Item 1B.) 3 shauld shauld HOUR A.M. crematian, 1968 Subject hanged himself CAUSE OF DEATH P.M. ? 21d INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, 21f. LOCATION Street or R.F.D. No. City or Town County State factory, office building, etc.) DIRECTOR: Page WHILE AT WORK AT WORK Woods Woods vic. Conowingo 100 vds N. Rt. 1 Cecil Mc p 22a. I certify that I taak charge of the remains described above, held an Autapsy XX Inspection . Inquiry [and in my apinian Suicide XX Hamicide retained death resulted fram: Natural causes [Accident] Undetermined manner please CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER XX FUNERAL SIGNATURE DEPUTY MEDICAL EXAMINER October 6, 1968 Health **EXAMINER'S** NAME (Type) ADDRESS(Street, city, tawn, ar caunty) Edward F. Wilson, M.D. 23g. BURIAL CREMATION. 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) Burial (Specify) Oct. 15 68 Fort Benning Post Columbus Georgia 24. FUNERAL DIRECTOR H oward County Funeral Dollome of Harry Witzke Ellicott City Maryland 25a. REC'D BY REGISTRAR 15 VR A15ME (5) 10M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08380 08385 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Maryland b. COUNTY Cecil MARYLAND

EOR STATE HEALTH DERT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. COUNTY Cecil deloy b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) E1ktonc. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corparate limits, write RURAL and give nearest town) M3. DOA Chesapeake City d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) e. IS RESIDENCE ON A FARM? form pencil in Item 18. Give Poges 1, Union Hospital Stote YES NO X hou This certificate should be executed within 24 hours ofter death. Office olong with NAME OF First Middle 4. DATE Inst Manth Day Year DECEASED OF George Ellsworth Whaland 20 (Type or print) DEATH 1968 within S SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 2 birthday) 2 yrs. Manths male. white 3/29/1906 Days WIDOWED [DIVORCED event 10b KIND OF BUSINESS OR 11. BIRTHPLACE (State or fareign country) 10a. USUAL OCCUPATION (Give kind of work dane 12. CITIZEN OF WHAT during most of working life, even if retired)
Watchman for Gravel Company COUNTRYSA Maryland poges 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME George T. Whaland Susan Carter puo 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address 16. SOCIAL SECURITY NO. removal. (Yes, na, ar unknown) (If yes give war or dates af service) Chesapeake City, Md. 212 10 9026 Mary Whaland no INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Heterioscleratic Heart Disease 0 IMMEDIATE CAUSE (a). e, writing the ward forworded to the Ch cremotian, DHE TO Conditions, if any, which gave rise ta immediate cause (a), DUE TO stoting the underlying cause 05 buriol, o PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? NonE NO its designoted ogent, prior to 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Port II of item 1B.) 3 should PRIMARY [] or CONTRIBUTING [] should CAUSE OF DEATH. No injuly 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or town) (State) 20c. TIME OF INJURY Month, Day, Year (County) Hour a.m. factory, street, affice bldg., etc.) While Nat While moy be retoined for your FUNERAL DIRECTOR: Page While at wark Chesa beske Cit- Cecil . Hd om No injurya at work 21. I certify that I took charge of the remains described above, held on Autopsy Inspection 1 Inquiry , ond in my opinion the funeral director. Natural causes Accident . Suicide . Homicide Undetermined manner deoth resulted from: CHIEF MEDICAL EXAMINER ACTUAL SIGNATURE 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER 6.20-68 Heolth or DEPUTY MEDICAL EXAMINER **EXAMINER'S** Address (Street, city, tawn, or county) 123 Johnson 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) 50 6/22/68 Chester Cemetery Chestertown, Md. ADDRESS 24. FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR Chestertown, Md.

VR A15ME (5)

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Par shauld be filed with the State Dept. af Health priar to burial, crematian, ar remaval, and in any event, within 72 hours?

SOM REV.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

			CERI	IFICATE OF DEATH			- 0			
	CEASED-NAME First		Middle C	i Jast Williams	2a. DATE OF DEATH	l lanth Day	Year 2b. HOUR			
`	Bert		10	V11119-ms		ne 3	1968			
3. SE:		4. RACE		S. DATE OF BIRTH	6. AC	E (In years birthday)	IF UNDER 1 YEAR IF UNDER 24 HR MONTHS DAYS HOURS MI			
	emale	(au.		Sept. 23	1005	OZ IKJ.				
7a. B	IRTHPLACE (State or foreign	7b. CITIZEN OF WHAT	COUNTRY? 8. MAF	RIED NEVER MARRIED	9. COUNTY OF DEAT	Н				
Luuii	Maryland	USA	WIDO	OWED DIVORCED	Cecil	0.020				
0. C	ITY OR TOWN OF DEATH		OF HOSPITAL OR INSTITUTIO		UAL OCCUPATION (Kind		12b. KIND OF BUSINESS OR			
(alvert	lali	vert Manor N	ursing Home	mast af warking life, e		INDUSTRY			
	USUAL RESIDENCE (Where deceas	ed lived, if institution:		TY OR TOWN 13d. INSIDE CITY	LIMITS? 13e. STREET A					
dm	ssian) ST Maryland	13b. COUNTY	Cecil Por	t Deposit YES -	NO 2 Rt 2	22				
4. F	ATHER'S NAME First	Middle	Last	15. MOTHER'S MAIDEN NAME	First	Middle	Last			
	James	F.	Rutten	Min	P.71.147	V.	Lunch			
6a.	WAS DECEASED EVER IN U.S. ARA		b. SOCIAL SECURITY NO.	17. INFORMANT		Address	-9.00			
Y	es na, ar unknawn) (If yes give w	var or dates of service)	0-54-9690	Walton (. Wil	liams. Por	t Deposi	to Md.			
Ī							APPROXIMATE INTERVAL			
	1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:									
	IMMEDIA	ATE CAUSE (o)	Terror (roscura	11100		•			
1	DUE TO, OR AS A CONSEQUENCE OF .									
3	Conditions, if any, which gave rise to immediate cause (a), (b) A Caro de Caelos Caelo									
	stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF									
	last.	(c)				- 8				
	PART 2. OTHER SIGNIFICANT COM	IDITIONS CONTRIBUTING	TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE OF	CONDITION GIVEN IN P.	ART I(a)				
_	4221 Cons	entin	in Her	I fall	un					
CERTIFICATION	19a. DATE OF OPERATION 19b/	ONDITION FOR WHICH	OPERATION WAS PERFORME	D 20a. AUTOPSY?			NSIDERED IN CERTIFYING			
읦				YES NO T	CAUSES OF D	EATH?				
E	21a. ACCIDENT WAS UNDERLYIN	IG 21b. TIME OF IN	JURY I:	21c. HOW INJURY OCCURRED (Ent	_	art 1 or Part 2. It	em 18.)			
B	OR CONTRIBUTING CAUSE OF DEAT	TH HOUR A.M. A	Manth Day Year							
MEDICAL	(If either, natify medical examination 21d, INJURY OCCURRED 21e.		HOME FARM STREET FACTORY V	THE LOCATION CARRAGE OF D.C.D. N.	lo City T		County State			
	111110	PLACE OF INJUKT (AT	TICE BUILDING, ETC.	21f. LOCATION Street ar R.F.D. N	la. City ar Ta	WII	Caunty State			
	at wark - I - I - I - I - I - I - I - I - I -									
	220. I certify that (I) (this hospital) attended the deceased from 1961, to 3, 1968, that (I) (we) lo									
	sow the deceosed olive on									
	226, SIGNATURE 226, DATE SIGNED									
	A A ATTENDING MED. STAFF									
	22d. PHYSICIAN'S 22e. ADDRESS 22e. ADDRESS									
	NAME (Type) Ennest	W. Soiten	M.O.		Sur Marula	and				
							<i>(C. 1)</i>			
	BURIAL, CREMATION, 23b. REMOVAL (Specify)		23c. NAME OF CEMETER		23d. LOCATION (Cit		(Caunty) (State)			
	7	ne 6, 1968	ADDRESS	U Cemetery	Port Ve		ecil Maye			
24.	FUNERAL DIRECTOR CONTROL	1000 X	ADDRESS		BY REGISTRAR 196	REGISTRAL	HONE BOY			
- 1	DO TO TOTTOBAN	M / -/ -	I ABBABAI I I A	Mala DATE AL	UIT I L	44				